	1 - STATE REGISTRAR	STATE OF MARYL			F DEATH		i. NO.	123
	1. DECEDENT'S NAME (First, Middle, Last LEWIS		ARNER			2. DATE OF DEA MONTH MAY 28,		3. TIME OF DEATH 310AM
	4. SOCIAL SECURITY NUMBER 483-14-2721	5. SEX 6. AGE	(In yrs. lest birthday) 80 YRS.	IF UNDER 1 YEA		. 7. DATE OF BIRT	TH 6.	BIRTNPLACE (State or Foreign Country)
NG.	9a. FACILITY NAME (If not institution, give Prince Georges			96. CITY, TOW Cheve	N OR LOCATION OF		9c. COUNTY	of DEATH Se Georges
DIRECTOR	nesidence of decedent 100. STATE 10b. COUN Maryland Prin	nce Georges	10c cri La	ry, town on Lourel	CATION			10d. INSIDE CITY LIMITS?
ERAL D	100. STREET AND NUMBER 9532 Muir Kirk I	Road, #201			101. ZIP CODE 20708		U.S.	1 ☐ YES 2X NO N OF WHAT COUNTRY? A.
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	If yes	DECENDENT OF NISF , specify Cuban, Max YES 2 X NO Spe	ican, Puerto Rican, e		RACE — American Indian, Black, Whita, atc. Specify: White
PLETED		1s. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		s usual occur work done during use retired.)	ATION g most of working	Washi	of Business/Indus ington Su tation Co	burban mmission
E COMPL	17. FATHER'S NAME (First, Middle, Last) Horace Warn	er			Sus	NAME (First, Middle, A san Rochh	nolz	
TO B	19a. INFORMANT'S NAME (Type/Print) Robert D. Flan	agan	19b. MAILIN 5721	Sheric	eet and Number or Rur lan Street	t, Rivero	or Town, State, Zip Calale, MD	20737
TION	IMMSDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	aach lina.	Blue P.O not enter the		uneral Ho 6, Becklouch as cardiac or	reapiratory arres	interval Bat
CERTIFICA	Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a Ather	A CONSEQUENCE					
WEDICAL CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	c. Ather	A CONSEQUENCE	OF):	lying cause given	P	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND AMILLABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. Ather	A CONSEQUENCE	OF): g in the under	lying cause given 6. PLACE OF DEATN Nome 5 □ Rasiden	(Check only one)	PERFORMED? YES 2 NO	AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of the condition of the cause o	DUE TO (OR AS d. one contributing to death by the series of the serie	A CONSEQUENCE but not resulting	OF): OF): OTHER: 4 Nursing lime OF 28ch 1 the Nursing lime of 1 the	6. PLACE OF DEATN Nome 5 Residen : INJURY AT WORK? YES 2 NO	(Check only one) (Check only one) Ce 6 Other (Spec	YES 2 NO Ify) NOW INJURY OCCU (Street and Number o	AMILABLE PRIOR TO COMPLETION DF CA OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi	DUE TO (OR AS d. One contributing to death ATA PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Sp. PLACE OF INJURY) 26a. PLACE OF INJURY (Sp. PLACE OF INJURY) One 26a. PLACE OF INJURY (Month, Day, Year)	but not resulting but not resulting	OF): OTHER: 4 Nursing ME OF NJURY M 1, street, factory,	6. PLACE OF DEATN Nome 5 Residen : INJURY AT WORK? YES 2 NO office date and place, and on, death occured at	(Check only one) 1 (Check only one) 26 Other (Spec 26d, DESCRIBE 261, LOCATION City or Town due to the cause(a) a the time, data and pi	PERFORMED? YES 2 NO Ifly) NOW INJURY OCCU (Street and Number on, State) and manner as states lace, and due to the	AMILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician, **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last	ALTHONSO WES		WE	570	N	4	2. DATE OF DEATH SUNE	3 19	YEAR 3. TIME OF DEAT
579-38-2833	14 2 F	AGE (In yrs. last bit	YRS. MONTHS	DAYS	NOURS 2	MIN.	7. DATE OF BIRTH		a. BATHPLACE (State or Fo Country) Darlington
90. FACILITY NAME (If not institution, given PRINCE GEORGES (The state of the s	PITAL	9b. CIT	-	VERLY	N OF DE	EATH		TY OF DEATH NCE GEORGES
10a. STATE 10b. COUL	N/A	1	oc. city, town Washi			Т			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 473 Burban	k Street,	S. E.		101	ZIP CODE	9		10g. CITIZ	EN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 NO	D 13	If yes, sp			HC ORIGIN? (Specify Y n, Puarlo Rican, atc.)	es or No—	14. RACE — American India Black, White, atc. Specify: Black
15. DECEDENT'S E (Specify only highest gring the secondary (0-12) 8th	DUCATION ide completed) College (1-4 or 5+)	(Give i	DER ENC	during ma	st of working		16b. KIND OF B		
17. FATHER'S NAME (First, Middle, Last) Murray Weston	field of					er's NA	ME (First, Middle, Maide y Hines	n Surname)	
19a. INFORMANT'S NAME (Type/Print) Angela Weston		19b. N	Washing	ast ton.	Capit	C.	Street,	wn State, Zip	Code)
20a. METHOD OF DISPOSITION METHOD OF DISPOSITION 1 Donation 5 Other (Specify)	amoval from State	20b.PLACE AND cemetery, cremat	DATE OF DISPO	SITION (Ne	me of		DATE 20c. L	ocation – o	City or Town, State
21. SIGNATURE OF FUNERAL SERVICE	arsha	ll						l's Fu th S	neral Home treet, N. W.
23. PARTY. Entar tha diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. List only one cause a. Due to toe Due to (or	Dn aach line.	The ence op:					piratory arre	eat, Approxima

25. WAS CASE REFERRED TO MEDICAL EXAMPLER?

1 YES 2 NO 27. MANNER OF DEATH 1 Netural
2 Accident
3 Suicide

29b. SIGNATURE AND TITLE OF CERTIFIER

4 Homicide

5 Pending Investigation

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 26a. DATE OF INJURY (Month, Day, Year)

28c. INJURY AT WORK? 28b. TIME OF INJURY 1 YES 2 NO

At home, farm, street, factory, office

OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED

26. PLACE OF DEATH (Check only one)

29c. LICENSE NUMBER

26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, 2 MEDICAL EXAMINER: On the basic of examination end/or investigation.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUNU 8 1994 negistman's signature Davidson-Random MATTON

OF DEATH? 1 - YES 2 - NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760, A BALTIMORE, MARYLAND 21215-0020	OTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. The siles within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECO	. DR ATTENDING PHYSICIAN: The law requires th	DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health	Item 28 is marked, or Item 23 shows an
	THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: IL

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICATE	: UF	DEATH	F	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Betty	Toy	Wong				2. DATE OF MONTH May	29, DAY 199	4 YEAR	3. TIME OF DEATH 10:25AM
4. SOCIAL SECURITY NUMBER 215-44-2773	5. SEX	8. AGE (In yrs. lest birthd	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De July	23,1905	8. BIRTHP Country) Cant	LACE (State or Foreign
9a. FACILITY NAME (If not institution, give Grosvenor Healt		nter	9ь. сіту, Ве	thes	R LOCATION OF DE				tgomery
RESIDENCE OF DECEDENT									
Maryland Mon	tgomery		Beth			AL.			IOd. INSIDE CITY LIMITS?
Grosvenor He				101.	2081	4	10g. CI	U.S	·A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	1	f yes, spe	ENDENT OF HISPAP Celty Cuban, Maxica On Specific	n, Puerlo Rica		14. RACE- Black, Specify Orie:	
15. DECEDENT'S EDI		16a. DECEDEN	T'S USUAL OC	CUPATIO	N	16b. KIN	ID OF BUSINESS/IN		ILaI
(Specify only highest grad	College (14 or 5+)	life. Do NO	of work done of Tuse retired.) tauran				Self-Emp	loyed	
17. FATNER'S NAME (First, Middle, Last) Unknown					18. MOTHER'S NA	ME (First, Midd Unknow)	le, Maiden Surname) N		
19a. INFORMANT'S NAME (Type/Print) James A. Wong							City or Town, State, 2		
24er METNOD OF DISPOSITION 14 Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	novel from State	20b. PLACE AND DA cemetery, cremetory George	TE OF DISPOS	ITION (Na	ne of Ju		20c. LOCATION -	- City or Tow	n, Stata ryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	t teorige	22. 1	NAME AN	D ADDRESS OF FA	CILITY L	ee Funer Ferry Rd	al Hor	me, Inc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST	bOUE TO (c	DA AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	E OF):						
PART II. Other algnificent condition	ns contributing to a	leeth but not resulting	ng in the un	derlying	cause given in		PERFORMED?	-	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (Ch	eck only one)			
1 TES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 🗆 DO	A SO Num	R: sing Nom	5 🗆 Rasidenca	8 Other (Sp	pacify)		
27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		TIME OF INJURY M	28c, INJI WO 1 \[\] Y	RK?	28d. DESCRI	BE HOW INJURY O	CCURED	
3 Suicide 8 Could not be detarmined	28s. PLACE OF building, a	INJURY — At home, 1sr tc. (Specify)	m, street, lect	ory, office			ON (Street and Numb own, State)	er or Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS		ny knowledge, death ocu							and menner as stated
396. MOMATURE AND TITLE OF CENTURE 30. NAME AND ADDRESS OF PERSON W	ocholy	OF DEATH (ITEM 27)	7 2 Type, Print)	nd	29c. LICENSE NUI	MBER	29d. D/	TE SIGNED	Month, Day, Year)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	's signature Savidson-Ro	ndell	ŀ					

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurting he find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
58760,	ecuted with	nd completely filled ourial, cremation, c	itic event, the n
.O. BOX	certificate be ext	nding physician ar Hydiene prior to b	or other trauma
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ires that the death	signed by the atter-	ws any injury, o
VITAL RE	IAN: The law requ	rtificate has been state Deut, of	or Item 23 sho
SION OF	TENDING PHYSIC	TOR: After this ce	28 is marked,
DIV	HE HOSPITAL DR AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the find within 72 hours after death with the State Deut, of Health and Mental Hotlere prior to burial, cremation, or removal.	ORTANT: If Item .
	10	2	E

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

BARBARA 4. SOCIAL SECURITY MAMBER 5.78 48 0656 1 S SEX	REG. NO).		
8. SOCIAL SECURITY NUMBER 57.8 4.8 0.6 5.6 1. M. 2 F 6.0 YES. SOCIAL SECURITY NUMBER 57.8 4.8 0.6 5.6 1. M. 2 F 6.0 YES. SOCIAL SECURITY NUMBER 57.8 4.8 0.6 5.6 1. M. 2 F 6.0 YES. SOCIAL SECURITY NUMBER 5. SEX 6.0 YES. SOCIAL SECURITY NUMBER 6.0 YES.	OF DEATH	DAY	1954	3. TIME OF DEATH 8:45AM
Septiment Sept	OF BIRTH h, Day, Year)		8. BIRT Coun	HPLACE (State or Foreign try)
196. CITY, TOWN OR LOCATION PRINCE GEORGES TOWN OR LOCATION PEPPER STREET 20743 TOWN OR LOCATION Town	13, 1	9c. COL	UNTY OF	<u>HINGTON, DC</u> DEATH GEORGES
10. STREET AND NUMBER 6710 PEPPER STREET 11. MARTAL STATUS 11. Never Merided 2 Married 3 Widdowed 4 Divorced 12. WAS DECEDENT'S EDUCATION (She kind of work done during most of working fire to PVES 2 Monor for Yes, over war or DATES) 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 11. YES 2 Married 12. WAS DECEDENT OF HISPANIC CONDING 12. WAS DECEDENT OF HISPANIC CONDING 13. WAS DECEDENT OF HISPANIC CONDING 14. WAS DECEDENT OF HISPANIC CONDING 15. DECEDENT SUBJECT OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DECEDED OF HISPANIC CONDING 16. DECEDENT SUBJECT OF WAS DE				10d. INSIDE CITY LIMITS?
11. MARITAL STATUS 12. MARITAL STATUS 11. MARITAL STATUS 12. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 14. DOCCORNTS EDUCATION 15. DECEOENT'S EDUCATION 15. DECEOENT'S EDUCATION 16. DECEOENT'S USUAL OCCUPATION 16. DECEOENT'S USUAL OCCUPATION 16. DECEOENT'S USUAL OCCUPATION 17. FATHER'S NAME (First, Middin, Last) 17. FATHER'S NAME (First, Middin, Last) 18. MOTHER'S NAME (First, Middin, Last) 19. MARITAL STATUS 19. MARI		10g. CI1	TIZEN OF USA	1 X YES 2 NO
Elementrary/Secondary (0-12) College (1-4 or 5+) NURSE		ea or No	14. BAC	CE — American Indian, ck, White, atc.
Tise. INFORMANT'S NAME (Type-Print) ALBERT WHITFIELD/husband 196. MAILING ADORESS (Street and Number or Flural Route Number of Plural Route Route Number of Plural Route Number of Plural Route Route Number of Plural Route Number of Plural Route	GO	VERNI		
198. INFORMANT'S NAME (Type-Print) ALBERT WHITFIELD/husband 200. PLACE AND DATE OF DISPOSITION (Name of contemplace) 198. MALLING ADORESS (Street and Number or Rural Route Name ALBERT WHITFIELD/husband 200. PLACE AND DATE OF DISPOSITION (Name of contemplace) 198. MALLING ADORESS (Street and Number or Rural Route Name ALBERT WHITFIELD/husband 200. PLACE AND DATE OF DISPOSITION (Name of contemplace) 198. MALLING ADORESS (Street and Number or Rural Route Name Albert Name of CAT Commetter, commander or other place) 198. MALLING ADORESS (Street and Number or Rural Route Name Albert Name of CAT CAPITO (DATE PRINT) 21. SEGMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY J. B. JENKINS FUNER 7474 LANDOVER ROAD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as card shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition as a consequence of): 24. Date of (OR AS A CONSEQUENCE OF): 25. WAS CASE (REFERRED TO MEDICAL EXAMINERY) 26. WAS CASE (REFERRED TO MEDICAL EXAMINERY) 27. MANNER OF OEATH 28. PLACE OF DEATH (Check only or Rural) from Significant 2 (ER/Outpetiant 3 DOA 4 Nursing Home S Residence 6 Othe Contemplation Nursing Home S Residence 6 Othe Nursing Home S Residen	Middle, Meiden			
20b. PLACE AND DATE OF DISPOSITION (Name of cometter) 3 Removes from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometer), crematory or other places 1 Name and pl	ber, City or Tow	wn, State, Z		
### PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulti				YLAND20743 Town, Stata
EXAMINER? 1 YES 2 NO	diec or reap	N AUTOPSYPRIMED?	Anna	Approximata Interval Betw Onset and Do
27. MANNER OF OEATH 1				
3 Suicide 4 Homicide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26b. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pieca, and due to the care	SCRIBE HOW	INJURY O	CCUREO	
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pieca, and due to the car	ATION (Street or Town, State,		er or Rural	Route Number,
290. SIGNATURE AND TITUE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 230 4 (30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAIDA. DAEE M. Such 309 7528 31. DATE FILED (Month, Day, Year) 111N 0 9 1994 32. REGISTRAR'S SIGNATURE June Day doon Randall		29d, DA	TE SIGNE	(e) and menner as stated D (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020	hospital or attending physici	tached for use as the burial-t	.001
MARYLA	retained by the	5 should be de	notified at or
BALTIMORE,	urs after death. Page 6 may be	in by the funeral director, page	edical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the beital-to	be filed within 12 hours after death with the State Lept. of realith and welffal hygleric prior to outday, cremation, or removal, important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)			11	m 0	2. DATE OF DEAT	'H DAY	YEAR	3. TIME OF DEATH
	HEKBERT	•	WINC	4557	ER	JUNE	03	94	1014 AM
	4. SOCIAL SECURITY NUMBER 152 161232	X M 2 □ F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	24	Count	HPLACE (State or Foreign GTOWN N.J.
FOR	9a. FACILITY NAME (If not institution, give st SOUTHERN MARYLANI				INTON	ATH		NCE	GEORGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND CALV			TOWN OR LOCA	TION	7			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER	, LIKI	DO.		, ZIP CODE		10n CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	12440 UNCLE CHAP		·		20754		UN	ITED	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2/LANO	13. WAS DEC	ENDENT OF HISPAN ecify Cuban, Maxica 2.42 NO Specify	iIC ORIGIN? (Specif n, Puarto Rican, sto /:	y Yes or No— :,)	Spec	E — American Indian, k, Whita, atc. #y: LACK
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a, DECEDENT'S U	SUAL OCCUPATI	ON	18b. KIND O	F BUSINESS/IN		
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	GIVE KIND OF WO	rk done during me retired.)	st of working	RET	IRED		
S.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mi	siden Surname)		
BE C		VINCHESTER			HELE				
9	19a. INFORMANT'S NAME (Type/Print) HELEN JACKSON	(NIECE)			ond Number or Rurel I				75/
	20a. METHOD OF DISPOSITION	<u> </u>	20b. PLACE AND DATE OF				c. LOCATION —		
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)		GEO' WASHIN				DELPHI	-	
	21. SIGNATURE OF FUNERAL SERVICE LIC			ALEX	ANDER S PA AVE	POPE FUN		OMES	-M859
-1	23. PART i. Enter the diseeses, or c		sed the deeth. Do no						Approximate
	shock, or heert feilure.	a. DUE TO (OR A	M.C.U.L. AS A CONSEQUENCE OF):	F.61	Make				interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	A CONSEQUENCE OF:	- Co	dioves	icul 1		7	
DICAL	PART II. Other significent condition		fu, Le		g ceuee given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ż	DID TOBACCO USE		O CAUSE OF	DEATH '	ES XT NO				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch				
YS	1 TYES 2 NO	1 Inputient 3/ ER/	Outpatient 3 DOA 4	Nursing Hon	a 5 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY O	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJ building, stc. (URY — At home, farm, str Specify)	set, factory, offic	•	28f. LOCATION (S City or Town,		er or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE		nowledge, death occurred						a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		7		29c. LICENSE NUI				(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Print)				Ų.	7 //
		OWENTHAL M		OSPITAL	DR SUI	TE 200 P	RINCE	FRED	. MD 20678
	JUN 0 8 1994	32. REGISTRAR'S,S	HIGHATURE Randal	2					

Office of

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transitives and with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICALE OF	DEATH	F	REG. NO.		
ELEAZAR A.	WATSON				2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER					MAY		994	9:30 A
199-64-0992	1 ½ M 2 □ F	VRS. (In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF I (Month, De March	ry; Year)	Country)	LACE (State or Foreign Yana
9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF D			INTY OF DE	
Prince George's	Hospital Ce	enter	Cheve	erly		PRIN	CE GE	ORGE [†] .S
10a. STATE 10b. COUNT	Υ	10c, Cl	TY, TOWN OR LOC	ATION				IOd. INSIDE CITY
Maryland Prin	ce George's	R	iverdale	2			,	LIMITS?
10e. STREET AND NUMBER			1	01. ZIP CODE		10g. CIT		AT COUNTRY?
6307 63Rd Place	[20737				States
1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 NO	If yes, s	ECENOENT OF HISPA specify Cuben, Mexic S 2 NO Speci	en, Puerto Rica		14. RACE - Black, Specify. Bla	
15. DECEDENT'S EOU		16a. DECEOENT'S	S USUAL OCCUPAT	TON	16b. KIN	O OF BUSINESS/IN	OUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT a	work done during n use retired.)	nost of working				
12		News Ed	itor		N	lewspaper		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N		le, Meiden Surname)		
Gabriel Watson	n			Market Committee	aniels	e, insident durname)		
19a, INFORMANT'S NAME (Type/Print)		404						
and the same of th				end Number or Rural				
Lucille O. Wa	tson	6307	63Rd P1	ace, Riv	erdale	Maryland	d 207	37
20g. METHOD OF DISPOSITION 1- Burlai 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE cometery, crematory or FOTE Line	OF DISPOSITION (Vame of	OATE	Brentwoo	City or Tow	n, State
21. SIGNATURE OF FUNERAL SERVICE LA	СЕНSSE		22. NAME	AND ADDRESS OF F	CHITY			Lyland
· Chain	2	M00907	Fort	Lincoln Bladens	Funer			4d 20722
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Carci OUE TO (OR	AS A CONSEQUENCE OF THE AS A C	ne lung					2 weeks
PART II. Other significent condition	dns contributing to dea	th but not resulting	In the undarlyle	ng cause given in		NAS AN AUTOPSY PERFORMED?	0	VERE AUTOPSY FINDIN WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
							1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		-						
EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	neck only one)			
	1 Inpatient 2 I ER		4 Nursing Ho	me 5 🗆 Residence	8 🗆 Other (Sp	pecify)		
1 TYES 2 NO	26e. DATE OF INJL (Month, Day, Yo		JURY W	IJURY AT YORK? YES 2 NO	28d. DESCRI	BE HOW INJURY OC	CURED	
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	(mornin, boy, n							
1 Netural 5 Pending		IURY — At home, ferm, (Specify)		Ice	28f. LOCATIO	N (Street end Number wn, Stete)	or or Rural Ro	ute Number,
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	28e. PLACE OF IN.	(nowledge, death occur	street, factory, offi	le end plece, end du	City or To	own, Stete) o) end manner ee sta	nted.	
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28e. PLACE OF IN. building, etc.	(nowledge, death occur	street, factory, offi	le end plece, end du	e to the cause(e	o) end manner ee sta place, and due to ti	nted. he ceuse(e)	
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29a. CETTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE ANO TITLE OF CERTIFIEE 30. NAME ANO ADDRESS OF PERSON WITH	28e. PLACE OF IN. building, etc.	(nowledge, death occur nation end/or investigati	street, factory, offi red at the time, dai on, in my opinion,	te end plece, end du death occured at th 29c. LICENSE NU D 2 5 0 7 9	City or R	e) end manner ee sta l placa, and due to ti	ried. the couse(e) (end manner as stated
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIDON H. Yablonowi	28e. PLACE OF IN. building, etc.	nowledge, death occur nation end/or investigati F DEATH (ITEM 27) (Typ) Greenbel	street, factory, offi red at the time, dat on, in my opinion, a, Print) t Rd. #	te end plece, end du death occured at th 29c. LICENSE NU D 2 5 0 7 9	City or R	e) end manner ee sta l placa, and due to ti	ried. the couse(e) (end manner as stated
1 YES 2 NO 27. MANNER OF CEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE ANO TITLE OF CERTIFIE 30. NAME ANO ADDRESS OF PERSON WITH	28e. PLACE OF IN. building, etc. CICIAN: To the best of my IER: On the best of example. R O COMPLETED CAUSE O. LZ MD 1080	(nowledge, death occur nation end/or investigati	street, factory, offi red at the time, dat on, in my opinion, a, Print) t Rd. #	te end plece, end du death occured at th 29c. LICENSE NU D 2 5 0 7 9	City or R	e) end manner ee sta l placa, and due to ti	ried. the couse(e) (end manner as stated

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CE	ERTIF	ICATE	OF	DEATH		REG. NO				
t. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	AM		3. TIME OF DEA	тн
JOHN REMSEN WILH	ELM						June	-	AY 1	994	7:00	A
4. SOCIAL SECURITY NUMBER 472-07-1219	5. SEX 6.	AGE (In yrs. las	YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH Day, Year)	1916	8. BIRTI	IPLACE (State or F	
9e. FACILITY NAME (If not institution, give s Collington Health		ter				R LOCATION OF C			9c. COL	INTY OF E		s
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				Y, TOWN OF							tod. INSIDE CIT	Υ
	e George's	3	Mit	che11	_						1 TES 2 (
10450 Lottsford	Road Cotta	age #11	111		1	D721			U.S		WHAT COUNTRY?	
ti. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? t _ IF YES, GIVE WAR	YES 2 X	IMED NO	H	yes, spe	ENDENT OF HISPA Helfy Cuban, Maxie 2 NO Spec	an, Puerto F	? (Specify Yellican, etc.)	s or No—	Blac	E — American Ind k, White, atc.	len,
ts. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of	USUAL OCH			16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		vers	ity D	ean		Uı	nivers	sity	1		
17. FATHER'S NAME (First, Middle, Last)	1 177.11 1					16. MOTHER'S N		liddle, Melden	Surname)			
Charles Cleveland 19a. INFORMANT'S NAME (Type/Print)	d Wilhelm	100	h MAH INT	ADDRESS	(0	Marion		04	- A	- 0-11		
Margaret Wilhelm						nd Number or Rura d Road					e, MD 20	172
20a. METHOD OF DISPOSITION 1 X Burial 2 X Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20h PLACE	ANDDATE	OF DISPOSIT	TION /No	me of	DATE	200 10	CATION _	City or To		
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE BOOL	1	-	22. N Fr	anc	is Gascl	aciuty 1 s Sc	ons Fu	inera	1 Ho	me, P.A e, MD 2	
IMMEDIATE CAUSE (Finet disease or condition reaulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (O	R AS A CONSECUTION OF AS A CONSECUTION	OUENCE O	PI:	نعن	fuin	900	1 2	see	al	Interval E	d De
that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEC	QUENCE O	F):								
PART II. Other significent condition	s contributing to de	eeth but not r	resulting	In the unc	derlying	g ceuse given l	n Part I.	24a. WAS AN PERFO 1 YES	RMED?	248	. WERE AUTOPSY (AMAILABLE PRIOR COMPLETION OF OF DEATH? t YES 2	TO CAUSI
25. WAS CASE REFERRED TO MEDICAL					.08 DI	ACE OF DEATH (C	hack ante on					
EXAMINER?	HOSPITAL:	R/Outpatient 3	DOA	OTHER		5 Residence						
27. MANNER OF DEATH 1 Denural 5 Pending	28e. DATE OF IN (Month, Day,	JURY	28b. TIM		28c. INJ		7	CRIBE HOW	INJURY O	CURED		
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF I building, atd	NJURY — At ho	ome, farm,	street, fecto			281. LOCA	ATION (Street or Town, State	and Numbe	or or Rural	Route Number,	ŀ
29e. CERTIFIER (Check only one) 1 GERTIFYING PHYSI	CIAN: To the best of my										s) and manner as	stated
296. SIGNATURE AND TITLE OF CERTIFIES	1.	ntta	1.7;	Phyou			JMBER				Month, Day, Year	
Dr. Don Yablonowi	tz 1030	O Green	nbe1t	Road	1 #1	01, Sea	brook	, Mar	yland	1 20	706-222	0
JUNU 8 199	32. REGISTRAR'S	Day doon	-Rand	182								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with power after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

I Be

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	
	sined by the hos	hould be detached	iffed at once.
í	age 6 may be reta	director, page 5 s	or must be not
	irs after death. Pa	n by the funeral or removal.	edical examine
	ned with	completely filled i	event, the m
	ertificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Debt, or Health and Mental Hoolene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	s that the death of	ned by the attend th and Mental Hy	any injury, or
	The law require:	ate has been signate Dept. of Hea	tem 23 shows
	JING PHYSICIAN	After this certific death with the S	marked, or i
	ITAL OR ATTENE	RAL DIRECTOR: 72 hours after of	It item 28 is
	TO THE HOSP	TO THE FUNE!	IMPORTANT

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- STATE REGISTRAR	-0	CERTIF	ICATE O	F DEATH	REG			
1. DECEOENT'S NAME (First, Middle, Las					2. DATE OF DEAT	DAY	RASY	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER	1384.4634.4	GE (In yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	June 7. DATE OF BIFTT	10 19		1929 PLACE (State or For
220-76-9729	1 M 2 XF	85 YRS.	MONTHS DAYS		(Month, Day, Ye	ar)	Country)
9a. FACILITY NAME (If not institution, give	re street and number)		9b. CITY, TOWN	OR LOCATION OF D	May 30		NTY OF DE	aryland
Carroll Cou	ntv Gen. H	lospita1	West	minster			arro	
RESIDENCE OF DECEDENT								
	rroll	10c. CIT	West	tminster				10d. INSIDE CITY
10e, STREET AND NUMBER				10f, ZIP COOE		100 CIT		1 YES 2 HAT COUNTRY?
1256 S. Plea	asant Vall	ev Rd.	1579	21158		100		State
11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED		ECENDENT OF HISPA		fy Yea or No-		- American India: White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1	R DATES		specify Cuban, Maxic ES 27 NO Speci		c.)	Black, Specify	
			25					white
15. OECEDENT'S Ed (Specify only highest gra	ade completed)	16a. DECEDENT'S (Give kind of the Do NOT to	WOUNT OCCUPATION WORK done during research to the second s	TION most of working	16b. KIND O	F BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		maker		n/a			
17. FATHER'S NAME (First, Middle, Last)		поше	MUNCL	18. MOTHER'S N	AME (First, Middle, M			
William Dav	id Hesson	Sr.		Hassie		Lawre	nce	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stree	t and Number or Rural	Route Number, City of			
Robert E. Wa	arner	1418	Richa	ardson F	d., Wes	stmins	ter,	MD 21
20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Re	emoval from Stata	20b. PLACE AND DATE of cometery, crematory or o	OF DISPOSITION (Name of 6/13/	94DATE 20	c. LOCATION —	City or Tow	vn, Stata
4 Donetion 5 Other (Specify)		Krider's	Churc			Westmi	nste	er, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS OF FA	OF ITY			
			Drit			2 2 69	hanc	1
Katherene &	Pritts ~ Mu	einer		ts Fune	ral Hor			
23. PART I. Enter the diseases, o	Poitts ~ Sw or complications that can	wed the death. Do r	412	ts Fune Washing	ral Hor	. Wes	tmin	Approxima
23. PART t. Enter the diseases, o ahock, or haert failur IMMEDIATE CAUSE (Final	Pritts ~ Sw or complications that cause re. Liet only one cause of	velther used the death. Do non each line.	412	ts Fune Washing	ral Hor	. Wes	tmin	ster,
ahock, or haert failur	re. List only one cause o	on each line.	412 not enter the n	ts Fune Washing node of dying, aud	eral Hor ton Rd.	. , Wes	tmin	Approxima interval Be Onset and
ahock, or haert failure IMMEDIATE CAUSE (Final disease or condition	a. RUPTURED	on each line.	412 T Desse	ts Fune Washing node of dying, aud	eral Hor ton Rd.	. , Wes	tmin	Approxima
ahock, or haert failure IMMEDIATE CAUSE (Final disease or condition	a. RUPTURED DUE TO (OR.	AS A CONSEQUENCE O	412 not enter the n	ts Fune Washing node of dying, aud	eral Hor ton Rd.	. , Wes	tmin	Approxima interval Be Onset and
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ahook, or haert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditi	a. RUPTURED DUE TO (OR A DUE TO (OR A DUE TO (OR A d. Iona contributing to deel	AS A CONSEQUENCE OF AS A C	412 not enter the n Desseed Fig. Fig. OTHER:	Washing node of dying, and a tring THO	Part I. 24a. W	NEURYS SAN AUTOPSY REORMEDY ES 2 NO	reet,	Approximatinterval Be Onset and Zhou Were Autopsy Fin Analiable Prilor Troompletion of Country of Death?
ahock, or haert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditi VOINE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	a. RUPTURED B. DUE TO (OR A C. DUE TO (OR A d. Iona contributing to deel	AS A CONSEQUENCE OF AS A C	412 not enter the n L Dr.SSCO F): F): or the underlying the company that the company that the underlying the underlying the underlying the underlying the company the underlying the company that the underlying the und	Ing cause given in	Part I. 24a. WPE 1 Y	NEURYS SAN AUTOPSY RES 2 NO	reet,	Approximatinterval Be Onset and Zhou Were Autopsy Fin Analiable Prilor Troompletion of Country of Death?
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B. BIRTHPLACE State or Foreign

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3. TIME OF OEATH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and state death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY

TO BE COMPLETED

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10e. STATE	10b. COUNTY			10c. CITY, TO	WN OR L	OCATION					10d. INSIDE CITY LIMITS?
Maryland	Montgom	ery		Silve	r Sp	ring					1 YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
15608 Holly						20905			USA	1	
11. MARITAL STATUS		WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARI	MED IO		OECENDENT OF HISPAN a, apecify Cuban, Mexico			or No-	14. RACE Block	- American Indien, , White, etc.
1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE WAR OR				YES 2 NO Specify				Specif	y: White
	1		T	000000000000000000000000000000000000000			Lan				WILLE
(Specify on	EDENT'S EDUCATION by highest grade comp	pleted)	(GA	CEDENT'S USU we kind of work Do NOT use ret	done durin	g most of working	100	. KIND OF BUS	ME35/MI	DUSTRY	
Elementary/Secondary (I	0-12) Co	ollege (1-4 or 5+)		Cook		er		Resta	uran	ıt	
17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S NA	ME (First, I	Middle, Maiden	Surneme)		
Constantine						Barbara					
19e, INFORMANT'S NAME (Type/Print)					reet and Number or Rural					
Gus Yeakim			15	608 Hc	lly	Grove Road	Sil	ver Sp	ring	g, MD	20905
20s. METHOD OF DISPOSIT 1 Burlel 2 Cremette 4 Donetion 5 Other		from State	0b. PLACE (other pis	OF DISPOSITION Athe		of cemetery, crematory or	6/1	20c. LOG		Cify or To	wn, State
21. SIGNATURE OF FUNERA	AL SERVICE LICENS	EE	- 11							di F	uneral Home
· 6/	5. M		_			300 New Han ver Spring				20904	
23. PART i. Enter the d	liseases, or com	plicationa that caua	ed the da	ath. Do not	_						Approximate
shock, or h IMMEDIATE CAUSE (FI	nel	only one cause on									intarvai Between Onset and Death
diseese or condition resulting in death)	→ .	Metast	atio	. 00	neto	ite can	PF				Veges
resulting in death)		DUE TO (OR AS	A CONSEC	DUENCE OF):	/314	10 04.11					7
	b										
Sequentially ilst condit if any, leading to imme	diate	DUE TO (OR AS	A CONSEC	DUENCE OF):							
ceuse. Enter UNDERLY CAUSE (Disease or Injury											
that initiated events resulting in death) LAS		DUE TO (OR AS	A CONSEC	DUENCE OF):							
resolding in death, Exc	d										
PART ii. Other signific	ent conditions co	ontributing to deeth	but not r	esulting in t	he unde	lying cause given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
							:	1 TES 2			COMPLETION OF CAUSE OF DEATH?
											1 TYES 2 NO
							_				
25. WAS CASE REFERRED						86. PLACE OF OEATH (C/	neck only of	ne)			
EXAMINER?		OSPITAL: Inpatient 2 - ER/O	utpatient 3	DOA 4	THER:	Home 5 - Residence	6 🗆 Othe	er (Specify)			
27. MANNER OF OEATH		28e. DATE OF INJUR (Month, Day, Year		28b. TIME O	F 28	c. INJURY AT WORK?		SCRIBE HOW I	NJURY O	CCURED	
	Pending Investigation	(Moritri, Day, rear	,	INJUNI		YES 2 NO					
2 Accident 3 Suicide	Could not be	28e. PLACE OF INJU	RY — At ho	ome, farm, stree	rt, factory	affice		CATION (Street		er or Rurel F	Route Number,
4 Homicide	determined	building, etc. (S	ресну)				City	or Town, State)			
290. CERTIFIER 1 CER	ITIFYINO PHYSICIAI	N: To the best of my kn	owledge, de	ath occurred a	t the time	, date and place, end due	to the ce	use(e) end mar	ner as st	ated.	
one)		- 27 2 2 3 4 4 4 4 4 4				ion, death occured at the					a) and manner ee stated.
29b. SIGNATURE AND TITL	ON CERTIFIER	no				29c, LICENSE NU			29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS (OF PERSON WHO C						- /			1 -6	
Paul Ams	strons,				PK.	Dr. #102	Lau	rel,n	10	2070	07
31. DATE FILED (Month, Day	1994	Julia Devide	GNATURE	dell							

physician. BALTIMORE, MARYLAND 21215-0020 use as the 2 be detached 2 uneral director, page Раде 6 тау

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9 DIRECTOR: A hours after d item 28 is

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P.O. I

DIVISION OF VITAL RECORDS,

OR ATTENDING PHYSICIAN: The

HOSPITAL FUNERAL within 72 I

0 filled

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH TODD YOUNG MAY 14 1994 12:44 AM B. BIRTHPLACE (State or Foreign SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 - F 3 DAYS HOURS UNKONWN YRS. AUGUST 17,1962PROVIDENCE, R. I 9a. FACILITY NAME (If not institution, give street and number) 96. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY WHEATON 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12029 BLUEHILL ROAD 20907 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Maxican, Puerto Rican, etc.)
 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO BY Specify: 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 11TH. CONSTRUCTION PRIVATE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First. Middle Maiden Surname LINWOOD YOUNG, SR. MARIA SWETSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 LINWOOD YOUNG, SR./FATHER 2008 BERMONDSEY DRIVE MITCHELVILLE, MARYLAND20721 20s. METHOD OF DISPOSITION

1 N Burisi 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE WASHINGTON NATIONAL 4 Donation 6 Other (Specify) 5/20 SUITLAND, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. JAME AND ADDRESS OF FACILITY UNERAL HOME 7474 LANDOVER ROAD, LANDOVER, MD. 20785 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition MULTIPLE GUNSHOT WOUNDS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? XX YES 2 NO XIX YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient XX ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 5-13-94 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 11:35 MP 5 Pending Investigation SUBJECT SHOT BY POLICE 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building ste (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 6 Could not be 4 X Homicide PARKING GARAGE Wheaton, Maryland COMPLET 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and man 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) REISSUED 5-24-94 Chiuts un-12/) O.C.M.E. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DENNIS J. CHUTE. 111 Penn Street, Baltimore, Maryland 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Randall JUNO

DIVISION OF VITAL RECORDS, P.O. BOX 68769, BALTIMORE, MARYLAND 21215-0020	IMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be interested by the houghts or attended by the houghts or attended to the hough	Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral director, page 5 should be delarched for use as the burtial-franch be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al director, page 5 should be detached for use as the burlai-fransi
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notilised at once.	ner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las ANGELA	В.	ZAPPALA		R/M	2. DATE OF DEATH MONTH JUNE 6,199	/ YEAR	3. TIME OF DEATH 6:40 P
4. SOCIAL SECURITY NUMBER 375 10 6235	5. SEX 6. AGI	E (In yrs. lest birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 3,1916	a BIRT	HPLACE (State or Foreign
96. FACILITY NAME (If not institution, given POTOMAC VALLEY RESIDENCE OF DECEMENT		E		OMAC	DEATH	MONT	
10a. STATE 10b. COU	MONT.		ILVER SI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
13021 MATEY I	ROAD		101	2090		U.S	A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		ANIC ORIGIN? (Specify Yee or een, Puerlo Ricen, etc.) ifly:		E — American Indian, ick, White, etc. City: WHITE
15. DECEDENT'S E (Specify only highest grid Elementary/Secondary (0-12)		life. Do NOT us	vork done during mo		16b. KIND OF BUSIN		
17. FATHER'S NAME (First, Middle, Lest) MARCO BUCALO		no	MEMAKEK	Section 6 - Control	AME (First, Middle, Maiden Sui ANNE CHUIRAZ	mame)	
19a. INFORMANT'S NAME (Type/Print) RALPH A. ZAPPAI		1717 D	ELMONT V	VAY MOR	AGA, CA 9455	6	
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	amoval from Stata	Ob. PLACE AND DATE OF Bratery, crematory or of GATE OF H	EAVEN C	EM.	6/9/94 SILV ACILITY JOS GAWL NW WASHINGTO	ERS SON	ING, MD
23. PART I. Enter the diseases, a shock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cong DUE TO (OR AS OUE TO (OR AS	esch line. La tive A consequence of A consequence of A consequence of	heart P: Live				Approximate Interval Batwee Onset and Dea
PART II. Other algnificent condit	melli lus	but not resulting i	n the underlyIn	g cause given in	Part I. 24s. WAS AN AU PERFORME 1 YES 2	ED?	b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJUR' (Month, Day, Year	7 26b, TIM	E OF 28c. IN.	URY AT ORK? YES 2 NO	6 Other (Specify) 28d. OESCRIBE HOW INJI	URY OCCURED	
3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJU	RY — At home, term, a pecify)	street, factory, offic	To H	281. LOCATION (Street end City or Town, State)	Number or Rural	Route Number,
nani nani	YSICIAN: To the best of my known in ER: On the basis of examinal						a) and menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	no			29c. LICENSE NO.	Contract to the contract of th		94.
30. NAME AND ADDRESS OF PERSON A RADVA: 31. DATE FILED (Month, Day, Year)		121 Cone		nae Lr	¥ 409	Rvelin	lle mo 208.
JUN 0 8 1994	Julia Savids	n-Aandalle	8				

	once.
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	em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	medical
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- 11	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Les	t)	- 01	INTITIOA	E OF DEA		REG. N			3. TIME OF DEATH
	DANIE			IMMERMA	1		6-7	-9L	YEAR	12:20+
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday) IF UNC		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year,		Country,	
	204-01-9004 9a. FACILITY NAME (If not institution, give	Δ.	74		TY, TOWN OR LOCAT		March 8,		Penns	sylvania
2	Holy Cross Hosp				Silver S				ntgon	
DIMECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN			10c. CITY, TOWI						10d, INSIDE CITY
2	Maryland	Montgome	rv	Silv	er Spring	2				LIMITS?
LONEUAL	10e. STREET AND NUMBER				101. ZIP COD			10g. CIT	IZEN OF WI	HAT COUNTRY?
	10420 Brookmoor				209				SA	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 TA	MED 1	3. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	an, Mexican	, Puerto Rican, etc.)		Specify	
3	15. DECEDENT'S EC (Specify only highest gra		16a. DE	CEOENT'S USUAL	OCCUPATION e during most of work	vina.	16b, KIND OF	BUSINESS/INC	Whi	re
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Mo	Do NOT use retired	e during most or work	ung				
	17. FATHER'S NAME (First, Middle, Last)	4		Physici			Rese			
		Zimmerman				Daisy	NE (First, Middle, Meid	Russ	011	
1	19e. INFORMANT'S NAME (Type/Print)	Limmerman	191	b. MAILING ADDRE	SS (Street and Number					20901
	Denby S. Zimmerm	an	1	.0420 Br	ookmoor I	Drive	Silver	Sprin	g, Mai	-0,01
	20e. METHOD OF DISPOSITION T√ Burlel 2 □ Cremetion 3 □ Re	moval from State	20b. PLACE	AND DATE OF DISP	DSITION (Name of			LOCATION —		
	4 Donetion 5 Other (Specify)		Parkl	awn Cem	eterv	6	/11/94Ro	ckwill.	o Me	ryland
	21. SIGNATURE OF FUNERAL SERVICE							CKATTT	e, m	ilylanu
	2. 402 1	LICENSEE		2	2. NAME AND ADDRE	ESS OF FAC	ILITY			
	Sample	Cool	8	F 5	2. NAME AND ADDRI rancis J. 00 Unive	. Col	lins Fund Blvd.,W	eral H . Sil.	lome, Spr.,	
Y T	23. PART I. Enter the disesses, o shock, or heart fellur	Conflications that	at caused the de	F 5 eath. Do not ent	2. NAME AND ADDRI rancis J. 00 Unive	. Col	lins Fund Blvd.,W	eral H . Sil.	lome, Spr.,	Inc.
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	23. PART I. Enter the diseases, o shock, or heart fellund immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other eignificant conditions are conditionally in the conditional initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MAD 27. MANNER OF DEATH Returns 5 Pending	b. DUE TO b. DUE TO c. DUE TO d. DUE TO DUE	OR AS A CONSE	PULM COUENCE OF): OUENCE OF):	2. NAME AND ADDRIT RANCIS J. OO Universer the mode of draw y. Quantity of the mode of draw y. 28. PLACE OF ER: 28. PLACE OF ER: Ursing Home 5 F. 28. NOWN AT WORK? 1 YES 2	ess of Face Col rsity ying, such given in I	Part i. 24a. WAS PERT I. 24a. WAS	AN AUTOPSY FORMED?	ome, Spr., rest.	Inc. MD 20901 Approximats interval Betwe Onset and Det WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	23. PART I. Enter the diseases, o ahock, or heart fellure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other eignificant conditions in the condition of the condit	b. DUE TO b. DUE TO c. DUE TO d. DUE TO DUE	(OR AS A CONSECTION OF INJURY — At ho	PULM COUENCE OF): 20UENCE OF):	2. NAME AND ADDRITANCIS J. OO Universer the mode of dispersion of the	ess of FACCOL COL CSITY Ving, such Signature General Characters COL COL CSITY CSIT	Part I. 24a. WAS PERI 1 YES CK only one) B Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Sinc City or Town, St	AN AUTOPSY FORMED? S 2 NO W INJURY OC Desired and Number atternal H	zest.	Approximats interval Betwee Onset and Des

BQ

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Satish Angra, 344 UNIV.

1994

344 UNI

113

20901

Silver DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first after death. Page 6 may be retained by the hospital.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	Aurs after	filled in by the	ion, or removal	he medical
	executed within	n and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	matic event, 1
	ith certificate be	tending physicial	al Hygiene prior	or other trau
•	res that the dea	igned by the at	ealth and Ment	vs any Injury,
	: The law requi	cate has been s	state Dept. of H	Item 23 show
	ING PHYSICIAN	After this certific	leath with the S	marked, or
	TAL OR ATTEND	VAL DIRECTOR: /	72 hours after 6	If Item 28 Is
	TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT

	STATE OF M	/ DEPARTMENT				MENTAL	HYGIENE
		CERTIFICATE	0	DEAT	TH		REG. NO.
Middle, Last)						2. DATE O	F DEATH

	1 - FOR STATE (OF MARYLAND / DI	EPARTMENT OF		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Mary Ziccardi (I	Mary Anna Zi	ccardi)		2. DATE OF DEATH DA	Y YEAR	3. TIME OF OEATH 7:45 P M
	4. SOCIAL SECURITY NUMBER 5. 77 − 07 − 1227 9a. FACILITY NAME (If not institution, give street and numb		YRS. MONTHS DAT			Cou	THPLACE (State or Foreign intry) Thing. DC
TOR	Villa Rosa Nursing	Home	Mitch	ellville	2	P. Ge	orge
DIRECTOR	MD 10b. COUNTY MD Montgomery		oc. city, town on Lo Silver Sp	ring			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER 10312 Green Acres Dr.			20903			States
BY FUNERAL	11. MARITAL STATUS 12. WAS DET 1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARMER? 1 YES 2 NO GIVE WAR OR DATES	If yes			or No 14. R/	MACE — American Indian, ack, White, etc.
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-12)	(Give	DENT'S USUAL OCCUI kind of work done during NOT use retired.) Editer	PATION g most of working	166. KIND OF BUS	SINESS/INDUSTRY	
CON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Francis Ippolito 19a. INFORMANT'S NAME (Typo/Print)	Longo	44 H HIG 400 PEOC (C)		a Mandara Route Number, City or Tow	- 0-4- 7/- 0-4-1	
2	Theresa Ziccardi	112-1			land, Mary		
	20a. METHOD OF DISPOSITION	20b. PLACE AN	O OATE OF OISPOSIT	ION (Name		CATION — City or	
	Minimum 3 □ Removal from State 1 □ Donation 5 □ Other (Specify)	St. Ma	ematory or other place, ry's Ceme			h. D.C.	
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	A	Hin		Funeral H		r Spring, Md.
z	23. PART I. Enter the diseasea, or complication ahock, or heart failure. List only or IMMEDIATE CAUSE (Final disease or condition resulting in death)						Approximata interval Between Onset and Death 6/4/94,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	UE TO (OR AS A CONSEQUE LE TO (OR AS A CONSEQUE	ENCE OF): Carcle	no Vas Ced	lancli	Rusc	104%
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contribut Canadial Sta Permanent	ing to death but not rea MOSIS. Paces		lying cause given in	Part i. 24e. WAS AN PERFO! 1 TYES :	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA			8. PLACE OF GEATH (C	heck only one)		
YSIG	1 PES 2 NO 1 Inpatte	nt 2 - ER/Outpatient 3 -		Home 5 - Residence			
	1 Natural 5 Pending	ATE OF INJURY fonth, Day, Year)	INJURY	WORK?	26d. DEŞCRIBE HOW	NJURY OCCURE	
TED BY	3 Suicide 200 2001	LACE OF INJURY — At home uliding, atc. (Specify)	, farm, street, factory,	offica	28f. LOCATION (Street City or Town, State		rei Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the December 2 MEDICAL EXAMINER: On the be						se(s) and menner as stated.
TO BE C	29b SIGNATURE AND TITLE OF CERTIFIER	aron	101	29c. LICENSE NU	108	16/4	NED (Month, Day, Year)
	RAKESIY AROPA,	MD 1430	o Gall	ant For	(LN#)	122 Bo1	NI EMIZOTIS
	31. DATE FILED (Month, Day, Year) 32. RE JUN 0 7 1994 July	GISTRAN'S SIGNATURE	all .				

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Mental Hygiene prior to burial, cremation, or ren	other
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Menta	iun.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 0505051515 114115													
1. DECEDENT'S NAME (Firs		7.1						70	MONT		AV .	YEAR	3. TIME OF DEATH
May 4. SOCIAL SECURITY NUM	Augusta		erman						Jun		, 1	994	11:00 A
577-30-2427		5. SEX	6. AGE (In yrs.	(ast birthday)	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE (Mont	of Birth h, Day, Year) 19,1	027	Count	HPLACE (State or Foreign
9a. FACILITY NAME (# not i			00		41 - 2121		OR LOCATE			. 19,1			hington, D
3600 63rd A		eet end number)							EATH			JNTY OF C	
RESIDENCE OF DE					пуа	LLSV	ille				Pr	ince	George's
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
Maryland	Montgo	mery		Gai	ther	sbur	g						LIMITS?
10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CI	TIZEN OF	WHAT COUNTRY?
732 Quince	Orchard	Blvd.				100	2087	8			U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC	ENDENT C	OF HISPAN	VIC ORIGII	17 (Specify Yes		14. RAC	E - American Indian,
1 Never Married 2 3 Wildowed 4 Div			MAR OR DATES	NO.		1 (YES	2 X NO	Specify	n, Puarto	Rican, etc.)		Spec	white, etc. White White
15. DE	CEDENT'S EDUC	ATION completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON of weeking		168	, KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT u		during mi	ist or working	W					
10			Н	lomema	ker					Own H	ome		
17. FATHER'S NAME (First, I							18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
William		mberlan	d					Viol	a	Wri	ght		
19a. INFORMANT'S NAME (ber, City or Tow			
Daniel F. Z				5611	Hawt	horn	e St	reet	, Ch	ever1y	, Ma	ryla	nd 20785
20s, METHOD OF DISPOSIT	TION on 3 🗆 Remo	vat from State		CE AND DATE				1	DAT	E 20c. LO	CATION -	- City or To	own, State
4 Donation 5 Othe	r (Specify)		Fort	Linc									Maryland
21. SIGNATURE OF FUNERA	AL SERVICE LICE	ENSEE	0		22. F	ranc	IS G	asch	GUTY S	ons Fu	nera	1 Ho	me, P.A.
(see	les I	. Bel	V 1										, MD 20781
			-		4	139	ратт	THIOT	e Av	е., пуа	LLSV	ттте	, MID 20701
ahock, or i	diseases, or co haart fallure. L	omplications the	t caused the	daath. Do i	not anter	tha mo	de of dy	ing, auc	h ss can	diac or respi	ratory s	rest,	Approximate interval Batwee
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ahock, or f	naart fallure. L	lst Dnly Dna car	use on aach li	ina.	not anter	tha mo	de of dy	ing, auc	h ss can	diac or respi	ratory s	TITE	Approximata interval Batwee
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		1 - FOR STATE REGISTRAR	E OF MARYLAN		RTMENT OF H		MENTA	L HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last) James J.	Avery				MONT	OF DEATH	Ž1, 1		TIME OF DEATH 11:12Am	
D		4. SOCIAL SECURITY NUMBER 5. SEX 214-26-6332 A X X		rrs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8.	BIRTHPLA	CE (State or Foreign N.C.	
2, 3 should	ron	99. FACILITY NAME (if not institution, give street end r MARYLAND GENERAL		AL	96. CITY, TOWN O	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	Н	
physician. burlal-transit permit. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MD			TY, TOWN OR LOCAT	TION					1. INSIDE CITY LIMITS? TYPES 2 NO	
ansit permi	FUNERAL	106. STREET AND NUMBER 3914 WABASH AVE	APT1B		10	21215			U.S	OF WHAT	COUNTRY?	
be retained by the hospital or attending physician. ga 5 should be detached for use as the burlat-tran in notified at once.	BY	1 Never Merried 2 Married FOR	DECEDENT EVER IN U. CES? 1X XYES 2 ES, GIVE WAR OR DATE	2 NO	It yee, sp	ENDENT OF HISPAN ecity Cuban, Mexice Mexice Specific	n, Puarto		or No — 14.	Black, Wi Specify:	American Indian, hite, etc.	
ital or attending d for use as the	TO BE COMPLETED) (1-4 or 5+) 'RS	(Give kind of life. Do NOT u		ON sst of working	865	KIND OF BUS	SINESS/INDUS	STE	FI	
detached once.		12TH 13	0	NKNOWN	18. MOTHER'S NA				216	EL		
ed by the uld be a		JAMES J. AVERY	_		GENE		E.					
5 should notified		19a. INFORMANT'S NAME (Type/Print) ELIZABETH AVERY	7	3914		and Number or Rural I					21215	
age 6 may be director, page er must be		20e. METHOD OF DISPOSITION **Duriel 2	State 20b.PL cometer K 1	ACE AND DATE	of disposition (Nather place)	ame of l park	624		CATION — CHY		State WN, MD	
r death. P te funeral al. examine		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE										
ed with completely fill al, cremation, event, the	Z		tions that caused the cone ceuse on each ocardial DUE TO (OR AS A CO	ine.	rction±		h as care	diac or reapi	retory arrest	,	Approximate interval Between Onset and Death 30 mins	
th certificate be ending physician I Hygiene prior I or other traus	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
and by the th and M any inju	7	PART II. Other significant conditions contri	buting to death but	not resulting	in the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AVA CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
in requires in ear sign in of Hea 23 shows	NN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO C	AUSE OF	DEATH Y	res 🔲 No			<i>'</i>	1	YES 2 NO	
(N	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inc	ITAL: etlent 2 ER/Outpetle	ent 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch						
or Production or the cert of with cert warked,	ву рну		DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c, IN.	NURY AT ORK? YES 2 NO			NJURY OCCUR	EO		
OR ATTENDIN DIRECTOR AN hours after del Nem 28 Is n			. PLACE OF INJURY — building, etc. (Specify)	At home, term,	street, tectory, offic	a	28t. LOC City	ATION (Street of or Town, State)	and Number or i	Rural Route	Number,	
# 20 =	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To one) 2 MEDICAL EXAMINER: On the								ouse(e) en	d manner ee stated.	
TO THE HOSPIT TO THE FUNEBU De Bled within 7 IMPORTANT.	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER M. Pagulayan				29c. LICENSE NUM 8916				21-9	nth, Day, Year) 94	
		30. NAME AND ADDRESS OF PERSON WHO COMPL Mary Ann Pagula				vland G	ene	ral H	osnit	a 1		
	ĺ	31. DATE FILEO (Month, Day, Your) JUN 2 3 1994	REGISTRAR'S SIGNATURE	IRE JALL	7 0 1141	J. Zuriu O	- LIC.	LUL II	COPIL	u L		

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FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT	OF I	HEALTH DEA	AND TH	MENTAL HYGIEI		Š
1. DECEDENT'S NAME (First, Middle, Lest) MARGARETHA	AI	UDREN					2. DATE OF DEATH MONTH	DAY O	94
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. B
101-38-4694	1 🗌 M 2 🔯 F	80 YAS.	MONTHS	DAYS	HOURS	MINE,	Aug. 12,	1913	F
Se. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY	, TOWN	OR LOCATI	ON OF O	EATH	9c. COL	JNTY (
Charlestown Care	Center		Cat	ons	ville	5		Ba.	lti
RESIDENCE OF DECEDENT									
40- STATE 40- COUNTY					1.				

	MARGARETHI	A 1 A						2. DATE OF DEATH DAY OF SELECTION OF SELECTI				S:30 P M	
	4. SOCIAL SECURITY NUMBER 101-38-4694	5. SEX 1 M 2 X F	8. AGE (In yrs. Ia	YRS.		AYS HOURS	R 24 HRS.	Aug.	Day, Year)	1913	Fin]		
TOR	9a. FACILITY NAME (If not institution, give street and number) Charlestown Care Center Catonsville Baltimore												
DIRECTOR	Maryland Balt	imore Cou	nty		nsvi.		Toris				100	Od. INSIDE CITY LIMITS? YES 2 NO	
VERAL	719 Maiden Choice	719 Maiden Choice Lane									den	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. A YES 2 X WAR OR DATES		13. WAS DECENDENT OF HISPANIC It yes, specify Cuban, Maxican, I 1 YES 2 NO Specify:				(Specify Yes an, etc.)	or No-		American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	18. DECEDENT'S EDUCATION offy only highest grade completed) Ideny (0-12) 4 Years 18. DECEDENT'S USUAL OCCUPATION (like kind of work done during most of working life. Do NOT use retired.) HOMEMAKET							IND OF BUS	SINESS/IND	JSTRY	52	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Gosta Lindeman 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hilda Blomgvist												
TO	19a. INFORMANT'S NAME (Type/Print) Wikar K. Andren 20a. METHOD OF DISPOSITION 1 Burlet 2 X Cremetton 3 Ref	719 Ma	aiden FDISPOSITIO	Choice ON (Name of	or Rural E Lat	ne, Ca	tons	n, State, Zip 7111e, CATION — C	Mar	.R. 203 yland 2122 n, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 212 23. PART/1. Enter the diseases, or complications that beused the deeth. Do not enter the mode of dying, such as cardisc or respiretory street, Approximate												
CERTIFICATION										Interval Between			
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in								Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF I							
S	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 2 Accident Accident												
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, E	Day, Year)	INJU	M ·	WORK?	□ NO			and Newsha	or Remail R	allo Blambos	
LETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE C	OF INJURY — At h	INJU ome, farm, st	M reet, factory,	WORK?		281. LOCAT City or	ION (Street a Town, State)	and Number		ute Number,	
COMPLETED BY PHY	27. MANNÉR OF DEATH 1	(Month, E 28e. PLACE C building, SICIAN: To the best of a	OF INJURY — At h atc. (Specify)	ome, farm, st	M reet, factory,	WORK? YES 2 offica offica	e, end due	261. LOCAT City or	ION (Street a Town, State)	nner as state	od. o cause(a)	and manner ea stated.	
MPLETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only LERTIFYING PHYS)	28e. PLACE of building. SICIAN: To the best of a ER: On the basis of a ER. HO COMPLETED CALL	Pey, Year) OF INJURY — At h atc. (Specify) I my knowledge, d xamination and/or	ome, farm, st	reet, factory,	WORK? VES 2 office date and placetion, death occur 29c. LIC	e, end due red at the ENSE NUI	291. LOCAT City or	ION (Street a Town, State)	nner as state ad due to the	sid.		

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215-0	attending	of the same
BALTIMORE, MARYLAND 21215-0020	e be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicial	sinise and completely filled in by the funeral diseases as a phospial he decontrated to one as the housest
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		11233311341				OLITTI	IOAIL	OI I	DEATH	_		EG. NO.			
		1. DECEDENT'S NAME (First	_							2	MONTH	DAY		YEAR	TIME OF DEATN
		Thelma M.								- 1	June	23,	1994	1	.2:30 A.M
		4. SOCIAL SECURITY NUMBER 405-34-7197		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1	-	HOURS M	IRS. 7	Month, Day	(Year)		Country)	ACE (State or Foreign
ᄝ				1 M 2 🕸 F	19	YRS.	111-111			Ü	June :	18, 1	1915	Kentu	icky
3 should	_	9a. FACILITY NAME (If not in							R LOCATION (OF DEAT	Н		9c. COUN	TY OF DEAT	TH .
N.	0	Chesapeake		Conv. Ce	enter		Arno	old					Anne	Arun	ide1
	ᇣ	10e. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN OR	LOCATIO	ON					10	d. INSIDE CITY
2	DIRECTOR	Maryland	Anne	Arunde1		Gle	en Bui	nie	2						LIMITS? YES 21/2 NO
ermit		10e. STREET AND NUMBER						101.	ZIP CODE				10g. CITIZ		AT COUNTRY? .
020 physician. burlat-transit permit. Pages	FUNERAL	915 Edgerly Rd. 21060 United St									ates				
O siclan ial-tra	S	11. MARITAL STATUS		12. WAS DECEDEN			13. W	S DECE	NDENT OF H	ISPANIC	ORIGIN? (Sp	ecity Yea			American Indian, White, atc.
DO2	BY F	1 Never Married 2 3 Widowed 4 Dive		FORCES? 1					city Cuben, M 2 🔯 NO S		Puerto Ricen	, atc.)		Specify:	
5-0 anding as the							-								White
21215-0020 al or attending physic for use as the burial		(Specify on	EDENT'S EDU ly highest grade	completed)	16	e. DECEDENT'S (Give kind of	work done du				16b. KINI	D OF BUSI	NESS/INO	JSTRY	
O 21	COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+) 8 Homemaker								Orm	Homo				
AND the hospit detached	M	17. FATHER'S NAME (First, M	firidia i asti			Tomemar	rer		18. MOTHER	0 11000	177 14/4/F		Home		
MARYLAND retained by the hospit 5 should be detached notified at once.		Frank Marti						- 1			andler		iumame)		
TAR trained the should	B	19a. INFORMANT'S NAME (195. MAIL INC	AOORESS /	Street en	d Number or F				Stetu 7in	Codel	
MARN s retained t 5 should notified	유	Leroy Blair				915 E									060
ay be bage		20a. METNOD OF DISPOSIT	TION		20b. PL	ACE AND DATE				CII I	OATE			Olty or Town,	
ORE, 6 may be ector, page		1 X Buriel 2 Cremetic		oval from State	cemeter	dar Hi	ther place)			25					, Maryland
Page al dire		21. SIGNATURE OF FUNERA		CENBEE	1 00	dat III	22. N/	AME AND	ADDRESS C	F FACIL	ITY				ratylana
BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending physician. or emoral, or emoral, medical examiner must be notified at once.		1 / Est	2	LAN.	2				⊇y-Rud						
B/ urs after of in by the removal.	$\vdash\vdash$	23. PART I. Enter the d	lisasses or	complications the	t caused th	e death Do	42	1 Cr	cain H	wy.	, S.E	., G	len E	<u>Burnie</u>	e, MD 21061
nours after or remove or removements		ahock, or h	eart fellure.	List only one cay	se on each	ilne.	ioi emer ti	ie iliou	e or dying,	auch a	ia cerdiec	or reepin	atory arre	251,	Approximate interval Batween
i ≡ i e		IMMEDIATE CAUSE (Final disease or condition													
3760, tted within and completely filler ial, cremation, sevent, the		resulting in death)	7	e	(OF AS A CO	NSEQUENCE O	ค. (
Z 20 20 71 20	_		_		(1)	0	11/								
2 0 2	ERTIFICATION	Sequentielly list condit if any, leading to imme		DUE TO OB AS A CONSEQUENCE OF):											
BOX cate be en hysician a prior to	8	cause. Enter UNDERLY CAUSE (Disease or inju	ING	C.											
O. B ertificat ing phy rgiene p	띨	that initisted evente		DUE TO	(OR AS A CO	INSEQUENCE O	F):								
P. C	ᇤ	resulting in death) LAS	T L	d											
ORDS, P.O. BOX that the death certificate be eat by the attending physician th and Mental Hygene prior to any Injury, or other traun	0	PART II. Other significa	ant condition	as contributing to	death but i	not regulting	in the und	erlying	ceuse give	n In Pa	rt i 24a	. WAS AN A	umpev	245 W	ERE AUTOPSY FINDINGS
CORDS, res that the designed by the at leath and Ment.	EDICAL	100) (9,17			in the and	citying	cours give			PERFORM	MED?	AM	MILABLE PRIOR TO OMPLETION OF CAUSE
S realth as a second se	<u> </u>										- 1 0	YES 21	NO NO	OF	F DEATH?
	Σ	DID TOBACCO	O USE (CONTRIBUTE	TO CA	AUSE OF	DEATH	YF	S	NO I	_			1 1	YES 2 NO
Q w E G	SICIAN	25. WAS CASE REFERRED T				1002 01	BEATT		CE OF DEATI		only one)				
VITA AN: The micrae to e State for	SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatia	int 3 DOA	OTHER:		5 🗌 Reside			noth()			
11. 日刊后。	РНУ	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF 2	8c. INJU	RY AT	_	ed. DESCRIE		JURY OCC	URED	
Alter O E ST	ВУ Р		Pending Investigation	(Month, D	May, 19 ar)	IN.	JURY M	WOR	IK? ES 2 NO	0					
0 1	0 8	2 Accident 3 Suicide 8	Could not be	28e. PLACE O	F INJURY	At home, term,	street, factor	y, office		20			nd Number	or Rural Rout	le Number,
SA B	ETE	4 Nomicide	determined	Juliania,	atc. (opecny)						City or Tox	wn, Stare)			
S S S	PLE	29a. CERTIFIER (Check only	TIFYING PNYS	ICIAN: To the best of	my knowledg	je, death occurr	ed at the tim	e, data a	and place, end	d due to	the cause(s)	and menn	ner ae state	d.	
FE AND THE PERSON OF THE PERSO	COMPL														nd menner ea stated.
HOS FUN With	ECC	29b. SIGNATURE AND TITLE				-		οТ	29er-LICENSE	E NUMBE	Я				onth, Day, Year)
TO THE HOSPI TO THE FUNEH be filed within	8	Elmo M. Gay	roso, M	1.D. (de	1000	10,	D	12.	19	(20				3, 1994
) FERE	2	30. NAME AND ADDRESS O			SE OF DEATH	(TEM 27) (7)pe	Print)		V	1 0	4 - 0				-, 1001
		5411 Old Fr	ederic	k Rd., d	atons	ville,	Mary1	and	21228	3					
		31. DATE FILED (Month, Day, JUN 23	186 a	12.00	THE RESERVE OF THE PERSON NAMED IN										
		JUN 23	1334	A manage	and the	-									1

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	1 - STATE REGISTRAR				OF DEATH AND	MENIAL HYGIEI						
- 1	1. DECEDENT'S NAME (First, Middle, Las	t)				2. DATE OF DEATH		3. TIME OF OEATH				
- 1	Robert H. Breth					June 20.	1994	3:20 p. M				
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birtho			7. DATE OF BIRTH	8. Bit	THPLACE (State or Foreign				
	122-09-9716	1 XM 2 - F	72 YR	S. MONTHS C	AYS HOURS MIN.	May 6, 119	922 NE	W"York				
_	Se. FACILITY NAME (If not institution, give			96. CITY, TO	OWN OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH				
Ö	VA Medical Ce	nter		BA	LTIMORE							
E I	10a. STATE 10b. COUN	ПУ	10c.	CITY, TOWN OR	LOCATION			10d. INSIDE CITY				
DIRECTOR	MD Anne	e Arundel	Ed	dgewate	er			LIMITS?				
MI.	10a. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
FUNERAL	1649 Elkridge	Drive			21037		USA					
3	11. MARITAL STATUS	12. WAS DECEDENT EV				PANIC ORIGIN? (Specify Yo	es or No- 14. R.	ACE — American Indian,				
BYF	1 Never Merried 2 Merried 3 Divorced	FORCES? 1 V			Specify Cuben, Mex YES 2 NO Spe	ican, Puerto Rican, etc.)		leck, White, etc.				
			2-50		1							
COMPLETED	15. DECEOENT'S Et (Specify only highest gra	de completed)	(Give kind	IT'S USUAL OCCI of af work done duri OT use retired.)	JPATION ing most of working	16b. KIND OF BU	USINESS/INDUSTR	Υ				
21	Elementary/Secondary (0-12)	College (1-4 or 6+)	Drive	1,000		Transp	ortati	on				
No.	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S	NAME (First, Middle, Melder						
	Ira Breth					na Ditmar						
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	JNG ADDRESS (S	treet and Number or Rur	al Route Number, City or To	wn, State, Zip Code)					
2	Mary Martha B	reth	1649	9 Elkr	idge Dri	ve, Edgev	water, M	D 21037				
	20e. METHOO OF DISPOSITION		20b. PLACE ANO DA				OCATION - City or	Town, State				
L	SC Burlei 2 Cremetion 3 Removel from State 4 Donation 5 Other Mary Land Veterans Cem. 6/23 Crownsville, MD											
-	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A.											
	Datt A G	WII			-	Ave. Ani						
\neg	23. PART I. Enter the diseases, o	r complications that ca	used the death. I					Approximate				
	ahock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition resulting in death) a. Kespiratony Arrest Due to (or as a consequence or):											
S O	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Cause time Heart Failure											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENC	E OF):	lure							
E	resulting in death) LAST	4						11 3 3 3 3 1 1 1				
	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
¥	PART II. Other aignificant conditi	ons contributing to dec	oth but not reculti	ng in the unde	rlying cause given	in Part I. 24a. WAS A	N AUTOPSY :	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO				
MEDIC	Gastro Inles	rinal Bree				1 TES	2 NO	OF DEATH?				
ž								1 TES 2 NO				
A N	OF THE CLOSE DESCRIPTION											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (
¥ I	1 VES 2 NO 27. MANNER OF DEATH	1 Inplationt 2 ER		-	Home 5 Residence	28d, DESCRIBE HOW	IN HIEW COCKER					
	1 Netural 5 Pending	(Month, Day, Y	ber) / 9 U 2	INJURY	WORK?	200. DESCRIBE NOW	INJUNY OCCURED	100				
B	2 Accident Investigation 3 Suicide	28e. PLACE OF IN	JURY — A1 homa, far			281. LOCATION (Street	t and Number or Rur	ni Route Number				
	4 Homicide determined	building, etc.	(Specify)			City or Town, State						
٦٣	290. CERTIFIER CERTIFYING PHY	/SICIAN: To the heat of my	knowledge deeth oc	curred at the time	date and place, and d	his to the animals) and m						
Z								e(e) end manner ee stated.				
	29b. SIGNATURE AND TITLE OF CERTIF											
	Glama a VI	med MO					1 6/2					
B	1 - 1100						E 2/ mm \					
BE C	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE O	F OEATH (ITEM 27)	Type, Print)								
BE C					tel Bath.	nove, MD 2						
TO BE		dy, MD t		IA Hospin	tel Bath.	were, MD 2						
ETED	299. CERTIFIER (Check only one) 2 MEDICAL EXAMI	(SICIAN: To the beat of my	knowledge, death oc	curred at the time	, date end place, end d	lue to the cause(e) end mi	enner as stated.	e(e) end mann				

BALTIMORE, MARYLAND 21215-0020

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	DIVISION OF VITAL RECORDS, P.O. BOX 68760	MP.
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		PITA
1		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Par
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1		2
4.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	ICATE O	PUEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	YEA	3. TIME OF OEATH	
	Lafayette B					6/20/94	1	4:30 p M	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday,	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8. Bill Co	RTHPLACE (State or Foreign untry)	
	244-12-3349	1 M 2 🗆 F	79 YRS.		1100110	6/20/15	No	rth Carolin	
· ·	9e. FACILITY NAME (If not institution, give	,			OR LOCATION OF DE		9c. COUNTY O	F DEATH	
0	Knollwood Nu	rsing Hom	e	M	llersvi	11e			
DIRECTOR	10e. STATE 10b. COUN	TY	10c. CI	TY, TOWN OR LO	ATION			10d. INSIDE CITY	
	MD		M	illers	ville			LIMITS?	
A.	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?	
ER/	899 Cecil Ave	nue			21108			SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED		ECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		ACE — American Indian, lack, White, etc.	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	R DATES		specify Cuben, Maxice ES 2 NO Specify			pecify:	
		1942/1945					B	lack	
TED	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind or	work done during	TION most of working	16b, KIND OF BUS	SINESS/INDUSTR	Υ	
ا ڐ	Elementary/Secondery (0-12)	College (1-4 or 5+)	iile. Do NOT	aborer					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	-							
	Lafayette	Baker				ME (First, Middle, Malden	Surname)		
8	19e. INFORMANT'S NAME (Type/Print)	Daker	195 MAII IN	G ADDRESS (Stre		n Baker Poute Number, City or Tow.	n State 7in Code	1	
임	Floyd Baker					t., Michi			
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE				CATION — City o		
	1 Buriel 2 Cremetion 3 Rei	moval from State	Garrison	Fores	t Vet.	1		Mills, MD	
	21. SIGNATURE OF FUNERAL SERVICE I	IDENSEE		22. NAME	AND ADDRESS OF FA	CILITY			
	> x//////	2/1//	2	620	N Ollow			ylie F/H	
	23. PART I. Entar tha diseases, or	complications that car	reed the death. Do					,MD 21217	
	ehock, or heart failura	. List only one cause of	n sech line.	A A	ioua or dying, suc	n as cerolec or respi	ratory arrest,	Approximeta Interval Between	
	IMMEDIATE CAUSE (Final disease or condition — Donot and Death								
	resulting in death)	a. DUE TO (OR	AS A CONSEQUENCE	OF IN					
_		mo	trista	A)C	Mil	ny cu	mre	- m. 46	
<u>ē</u>	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):		- Jan	000	- Im	
§	cause. Enter UNDERLYING CAUSE (Disease or Injury	Ç							
띮	that initiated evants	DUE TO (OR	AS A CONSEQUENCE	OF):					
CERTIFICATION	resulting in death) LAST	d							
- 1	PART II. Other significant condition	ne contributing to dee	th but not resulting	In the underly	ing ceuse given in			24b. WERE AUTOPSY FINDINGS	
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
					-	1 123 2	NO.	OF DEATH?	
Σ.	DID TOBACCO USE	CONTRIBUTE T	O CAUSE O	F DEATH	YES I NO			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch				
Sic	1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	6 Other (Specify)			
РНҮ	27. MANNEY OF DEATH	28e. DATE OF INJU (Month, Day, Ye		ME OF 28c.	NJURY AT YORK?	28d. DESCRIBE HOW I	NJURY OCCURED)	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
ED	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, ferm (Specify)	atreet, fectory, o	fice	28f. LOCATION (Street a City or Town, State)		rel Route Number,	
	4 Homicide determined							t .	
7		SICIAN: To the best of my k	nowledge, death occur	red at the time, d	ite end place, and due	to the cause(s) and mer	nner ee stated,		
COMPL	2 MEDICAL EXAMIN	IER: On the beels of examin	ation end/or investigat	lon, in my opinio	, death occured at the	time, date and place, en	d due to the ceu	se(e) end manner ee stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFI	ER O	1 1		29c. LICENSE NUI	ABER	29d. DATE SIGN	NED (Month, Day, Year)	
0 8		ul L	houl	by my	1022	028	1/02	2.94	
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ.	e, Print)	11.5	1-11	/ .	(reften	
	Tavl J	- Kho	des	11.0	1667	(My tan (more	Md.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRIAN'S	SIGNATURE			U			
	IUN 2 3 1994	Anun Warren	Muse						

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HERTIFICATE OF		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) HOWARD	CARTER			2. DATE OF DEATH	1994ª	3. TIME OF DEATH
		6. AGE (In yrs. less	t birthday) # UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR 20,1	8. BIRTH Country	PLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give street ST. AGNES RESIDENCE OF DECEDENT	HOSPITAL		TIMORE	TH 90	c. COUNTY OF DI	EATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	n/a	10c. CITY, TOWN OR LOCAT	TIMORE			10d. INSIDE CITY LIMITS? 11 YES 2 NO
FUNERAL	100. STREET AND NUMBER 333 HARLEM	LANE	10	21228		Og. CITIZEN OF W	
BY		2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES	O II yes, sp	ecify, Cuben, Mexican, NO Specify:	C ORIGIN? (Specify Yes or Puerto Ricen, etc.)	No— 14. RACE Black Specif	- American Indian, , White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Gi life.	CEDENT'S USUAL OCCUPATION We kind of work done during months to the control of t	on est of working	16b. KIND OF BUSINE		
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE CART	ER		18. MOTHER'S NAME	E (First, Middle, Maiden Surr	name)	
10		HOMPSON	1100 BOLT	ON ST,	ute Number, City or Town, Si BALTIMORE	, MD 2	1201
	20e METHOD OF DISPOSITION A Burlet 2 □ Cremetion 3 □ Remova 4 □ Donation 5 □ Other (Specify)	I WO'OD	AND DATE OF DISPOSITION (Ne matory or pitter place) LAWN CEME	TERY	BALT	IMORE,	
	21. BIONATUNE OF FUNERAL SERVICE LICEN	500	WM.		H FH110		NORTH AVE
	23. PART I. Enter the diseases, Dr come shock, Dr heart feiture. List IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	t Dnly one cause on each line.	tion prec		ss cardiac or reapireto	ory arreat,	Approximate interval Between Oesat and Death
CERTIFICATION	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT)					
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Certile Denentia 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO 1 YES 2 NO						
SICIAN:	DID TOBACCO USE CO	IOSPITAL:	28. PI	ACE OF DEATH (Chec	k only one)		
PHY	1 VES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Oulpatient 3 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ INJURY WO	RK?	Other (Specify) 28d. DESCRIBE HOW INJU	RY OCCURED	
FED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide delermined	28e. PLACE OF INJURY — At hor building, etc. (Specify)		YES 2 NO	281. LOCATION (Street end in City or Town, State)	Number or Rural R	oute Number,
COMPLET		N: To the best of my knowledge, dea					end manner es stated.
TO BE C	29b. SIGNATURE AND TIKLE OF CENTIFIER	rued,		D321		d. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C			Suite 40	7 Baltimo	re MD	21201.
	31. DATE FILED (Month, Day, Year) JUN 2 3 1994	MI) 821 N 32. REGISTRAR'S SIGNATURE	Russe				

. . . ITEMS: 23 PART I, 27, PER MEO FILM G-713 7/1/94 t.t.

hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		
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	Q D	h ar	Aus
	Sign	leaft	8
	as been signed by the attendir	Sept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2.3 shows any injury or other traumatic event, the medical examiner must be notified at once
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			EKIIF	CAIL	UF	DEA	п		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	DAV	/ID	(CARTE	ΞR			2. DATE	OF DEATH	y	944AR	3. TIME OF DEATH 3:28 A
	4. SOCIAL SECURITY NUMBER 218-72-3692	5. SEX 1 🔀 M 2 🗍 F	6. AGE (In yrs. les 29	yrs. last birthday) IF UNDER 1 YE YRS. MONTHS DA			IF UNDER	24 HRS. MIN.	7. DATE (Month	OF BIRTH	8. BIRTHPLACE (State Country) Maryland		PLACE (State or Foreign
R	9e. FACILITY NAME (If not institution, give street end number) CSX TRAIN TRACKS						R LOCATION VIL				9c. COU	NTY OF D	
K I	RESIDENCE OF DECEDENT								_				_
DIRECTOR	Maryland Ceci		t Dep		-						10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
A	10e. STREET AND NUMBER			-		10f.	ZIP COD	E	-		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	13 Highland Hills						21904					S.A.	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 X		If y	es, spe	elfy Cuba 2 XNO	n, Mexica	n, Puerto I	? (Specify Yee Ricen, etc.)	or No-		E — American Indian, k, White, etc. I ^{II} / _I : L ^{TC} E
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	(G	ECEDENT'S Give kind of w	USUAL OCCI	UPATIO	N It of workin	ng	16b.	KIND OF BUS	INESS/IN	DUSTRY	
P.E.	Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5 +)	rpent					E	Bovnto	n Cor	nstri	action
N N	17. FATHER'S NAME (First, Middle, Last)		<u> </u>	TPCIIC			10 MOY	HED:C MA		fiddle, Meiden			
										in Kess			
H	Charles R. Carter 190. INFORMANT'S NAME (Type/Print)	·	T 40	h MAII ING	ADDRESS (C	Daniel I			-	er, City or Town		. 01.	
2	Barbara J. Carter	-Kegeler											nd 21904
	20a. METHOD OF DISPOSITION	-Nessiei	-					, POI	7	7		_	
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cometery, cre Green	emetory or of	prosposition of the place of the company of the com	nete	ery		6/2		cation — Ltim		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE O	2	,	Joh	in C		ille	r, Ir		mre	Mai	ryland 21206
-	23. PART I. Enter the diseases, or o		1										-
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	List offly-one cau	on each line	e. MUL.	A.	THAN	RIES OL IN	A5500	CATION	WITH A	CUTÉ		Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST		(OR AS A CONSEQUENCE OF):										
	PART II. Other aignificant condition	s contributing to	death but not	reauiting I	n the unde	erivina	Callaa o	niven In	Part I	24n W69 AN	AUTOPSV	246	. WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED? ANAL. 1 \$2.74\$ 2 \(\text{NO} \) NO OF D								MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
A N	DID TOBACCO USE	CONTRIBUT	E TO CAL	JSE OF					- 10				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Ch	eck only on	0)			
ΥS	1√ YES 2 □ NO	1 Inpetient 2			4 - Nursing	g Home Bc. INJU		eldence	8 X X the	(Specify) T	RAI	N TI	RACKS
BY PH	27. MANNER OF DEATH 1 Natural S. Danding 2 Accident Investigation	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, 'ber') 1 Netural Sanding 1999 1999 1999						KNO	30 DES	ect stre	, ,	y Tra	in
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify)							con	in racks					
29e. CERTIFIER (Check only one) 29m. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date one one) 29m. CERTIFIER (Check only one) 29m. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation, in my opinion, death occurred at the time, date of examination end/or investigation.													
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O BE	296. SIGNATURE AND TITLE OF CERTIFIEF	L. Chut	Les Les					C . M .					(Month, Day, Year) 19,1994
2	30. NAME AND ADDRESS OF PERSON WAY	O COMPLETED CAUS				-66	t. 1	Balt	imo	re M	larv	lané	21201
	31. DATE FILED (Month, Day, Year)	32, REGISTRA	N'S SIGNATURE		- 501		-,		- 1110	F	ur y	-0110	21201
	31. DATE FILED (Month, Day, Year) JUN 2 3 1994	Como oraco											

15:

3. TIME OF DEATH 11:05

8. BIRTHPLACE (State or Foreign Whitpple, WV

Prince Georges

9c. COUNTY OF DEATH

P m

2. DATE OF DEATH
JUNE 13, 1994

7. DATE OF BIRTH NOV. 198 (1926

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
Virginia

9e. FACILITY NAME (If not institution, give street end number)
1605 Clarion Terrace

4. SOCIAL SECURITY NUMBER 449 36 4523

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DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY West Virginia Raleigh 16c. CITY, TOWN OR LOCATION 10d. Skelton									
FUNERAL C	P.O. BOX 513 100. STREET AND NUMBER 25919 101. ZIP CODE 25919 102. CITIZEN OF WHA									
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ZNO	If yee, sp	ENDENT OF NISPAN ecity Cuban, Mexica 25 NO Specify	IC ORIGIN? (Specify 1, Puerto Rican, etc.)	Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: Caucasian			
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION 16e completed) College (1-4 or 5+)	Give kind of work into Do NOT use ret	k done during most of working			Retail			
	17. FATHER'S NAME (First, Middle, Last) Antonio	Door	gorelski			ME (First, Middle, Meld				
100	19e. INFORMANT'S NAME (Type/Print)	POC		DRESS (Street a	Joseph and Number or Rural F	11116 Toute Number, City or T	own, State, 2		eprich	
2	Clyde Casey		1		as #10					
	20e. METNOD OF DISPOSITION 11 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State 20b. PLA	CEANDDATEOFD	ISPOSITION (No		DATE 20c.		- City or Town. perity	, West Vi	
	21. SIGNATURE OF FUNERAL SERVICE LE		19	22. NAME AI	D ADDRESS OF FA					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, affock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Ca. of Lung									
	reaulting in death)	DUE TO (OR AS A COI							-	
Z	Sequantially list conditions,	Metastases	s to Brai	in					2 year.	
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A COM DUE TO (OR AS A COM d.	DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition Diabetes	a contributing to death but n	not reaulting in th	ha underlyin	g cauaa givan in		AN AUTOPS ORMED?	AN CC OI	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATN?	
 ≥									YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.03	FALCE.	ACE OF DEATH (Che					
YSI	1 YES 2 XNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatier	nt 3 DOA 4	Nursing Hom	Reeldence					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WC	URY AT PRK? YES 2 NO	28d. DESCRIBE NOV	Y INJURY O	CCURED		
0	3 Suicide a Could not be 4 Nomicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, stree	i, factory, offic	•	26f. LOCATION (Street City or Town, Sta	et and Numb te)	er or Rural Roul	le Number,	
COMPLETE		CIAN: To the best of my knowledge							nd manner ee steted.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	hand			29c. LICENSE NUN			TE SIGNED (M	onth, Day, Year) - 94	
	30. NAME AND ADDRESS OF PERSON WN									
۴	Joel Sewchan	3600 Leonardto	wn Rd., I	Waldor	f, Maryla	and 206	01			
ī	JOEL Sewchan 31. DATE FILED (Month, Day, Year)	3600 Leonardton	RE	Waldor	f, Maryla	and 206	01			

Rosa

5. SEX

1 0 M 2 F

8. AGE (In yrs. lest birthday)
67

YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Casey

MONTHS DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

Fort Washington

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

TO THE HOSP IN CONTRIBUTE OF STATES AND THE LAW requires that the death certificate be executed within chours after death. Page 5 may be retained by the item for the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 ments with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTARTA & Hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 IN OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Davis	Jr.		2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL RECIPITY MINABER 220-38-8610	1 1 2 0 F 5	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 10-20-42	8. BIRTHPLACE (State or Foreign Country)
TOR	3914 W. C	1	ane one	TY, TOWN OR LOCATION OF DE	ATH 9c. COL	JNTY OF DEATH
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. CITY, TOWI	Ba (+		10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	3914 W.	Coldspring	Lane	" 21215		IZEN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	3. WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad) Elementary/Secondary (0-12)	JCATION 16a completed) College (1-4 or 5+)	We. Do NOT use retired	ne during most of working	16b. KIND OF BUSINESS/IN	OUSTRY
BE COM	17, FATHER'S NAME (First, Middle, Last)	avis Sr.	00.11410		ME (First, Middle, Melden Surneme) e Cheek	
TO E	192, INFORMANT'S NAME (Type/Print)	Davis	3914 1	W. Coldspr	noute Number, City or Bown, Subte, Zi	Balto, no 21215
	20a_METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		CE'AND DATE OF DISP		DATE 200 LOCATION -	dalstown md
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Name and address of fa Narch Fitt 1300 (Nat	bush Ave	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Sold one cause on each	Ine. THOUSE OFF: OPEN OFF: OPEN OFF:	Arrest Medical Arrest Medical	Hug	Approximate Interval Between Onset and Death
	PART II. Other significant condition	es contributing to death but o	of resulting in the	underlulag esues alues la	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
: MEDICAL				disarrying codes given in	PERFORMED? 1 YES 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	отн	26. PLACE OF DEATH (Chi	11	101010
	1 VES 2 NO 27. MANNER OF CEATN 1 Netural 5 Pending Investigation	1	28b. TIME OF INJURY	28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE NOW INJURY OF	CURPO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street, f	actory, office	281. LOCATION (Street and Number City or Town, State)	or or Rural Route Number,
COMPLETED	hant	BICIAN: To the best of my knowledge ER: On the bests of examination and				
TO BE C	29L SIGNATURE AND TITLE OF BERTIFIE	allal MID	7	29c. LICENSE NUR DI30	19ER 29d. DA	TE SIGNED (Month / Day, Year)
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	11/1/19	Triks G	7 2120	4
1	FUIN 22 1994	Jalin Studion Re	rdall			

DHMH-18 Rev 1/89

NECT ES MUE-

MORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

ВY

COMPLETED

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CERTIFICATION

MEDICAL

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2 Accident

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	DEDITAL DO ATTENDING DEVENDAN. The law sequines that the death confidents he are
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Pages 1, 2, 3 should ray be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit. at notified pe 6 may t must funeral director, Page examiner n by the f medical in by 9 filled the cremation, completely traumatic event, and com prior to attending physician other Hygiene 0 the atter Mental n signed by the Health and N shows any been t. of I has by Dept. 23 certificate to the State 6 marked. this (After 1 death S DIRECTOR: / 28 Item FUNERAL WITHIN 72 P = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

94 18524 Item1 6-23-94 FilmG712 W.H.per F/H 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH
MONTH UN 2011994 YEAR Margaret 3. TIME OF DEATH DURANT 9:10 pm MARY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Morth, Day, Year) Aug 29,1917 1 M 2 XF DAYS HOURS 212-10-7058 YRS. 76 Ohio 9a. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Saint Joseph Hospital Towson, Maryland RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d, INSIDE CITY Mary land Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1900 Woodbourne Ave. 21239 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 XNO Specify: Specify: 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION
"The kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest of Elementary/Secondary (0-t2) College (1-4 or 5 +) 8 yr's Garment Worker Garment / textile 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname Julian Eli Durant Mary Louise Taquet 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Miss Emilie C. Durant Same as #10 20a. METHOD OF DISPOSITION
1 № Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 4 ☐ Donation S ☐ Other (Specify) Moreland Park 6/23/94 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul 22. NAME AND ADDRESS OF FACILITY Hartsock, Jr. Baltimore, MD 21214 tan Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART I. Entar the diseases, or complications that caused tha dasth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Intarval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition . RENEAL FAILURE 1 month resulting in death) DUE TO (OR AS A CONSEQUENCE OF): L CHRONIC LIVER DISEASE WITH CIRRHOSIS 1 Oyears Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MULTIPLE MYELOMA

24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town. State)

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

DID	TOBACCO	USE	CONTRIBUTE	TO	CAUSE	OF	DEATH	YES		NO !	
S. WAS CA	ASE REFERRED TO I	MEDICAL					26.	PLACE C	F DEAT	H (Check	only one

EXAMINER? HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO X Inpetiant 2 - ER/Outpetiant 3 - DOA 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 1 Natural 5 Pending М Investigation

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and menner as stated.

28e. PLACE DF INJURY — At home, ferm, street, factory, office building stc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFUE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

DRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOSEPH M POLITO M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

D43134

31. DATE FILED (Month, Day, Year)
JUN 23 1994

8 Could not be

determined

June 20 1994

A Total Park

Pages 1, 2, 3 should

DIRECTOR

FOR

10a. STATE

1 - STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

ALLEN

10b. COUNTY

2233 St Paul Street

9a. FACILITY NAME (If not institution, give street and number)

UNIVERSITY S.T.U

5. SEX

1 🔀 M 2 🗌 F

SAMUEL

214-54-5053

Md

10e. STREET AND NUMBER

4. SOCIAL SECURITY NUMBER

6. AGE (In yrs. lest birthday)

YRS.

43

FRIEND

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF GEATH

10f. ZIP CODE

21218

ale of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner as stated.

O.C.M.E.

Penn Street, Baltimore, Maryland 21201

29c. LICENSE NUMBER

DAYS

BALTIMORE

10c. CITY, TOWN OR LOCATION

Balto

permit. use as the burlal-transit detached for filled in by the funeral director, page 5 should be ŏ

BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760.

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TO THE HOSPITAL OR ATTENDING PRISIDING THE PROPERTY THE PROPINES THAT THE death certificate be executed within	TO THE FUNE AMERICAN AMERICAN AMERICAN STATEMENT OF SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETELY FILLED	pa	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the m	
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-	\vdash	D	-	

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29th SIGNATURE AND TITLE OF CERT

MARYDINOS

31. DATE FILED (Month, Day, Year)

JUN 2 3 1994

FUNERAL urs after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUCATION 16b. KINO OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) Dish Washer 10th Wood Home Country Club 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Samuel Allen Friend F Loretta Dennis notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Earlene Harris 5035 Chalgrove Avenue Balto, Md be 20e. METHOD OF DISPOSITION

1/2/Burlel 2 Cremetton 3 Removal from State

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Voshell Memorial Park 62594 Balto, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY l. March F/H West lad Jan 4300 Wahash Avenue edical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) BLUNT FORCE INJURIES TO HEAD requires that the death certificate be executed within een signed by the attending physician and completely of Health and Mental Hyghene prior to burial, crematic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL PERFORMED? 1 NES 2 NO need DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only on **EXAMINER?** OTHER: 1 YES 2 □ NO 27. MANNER OF OEATH Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Homa 5 ☐ Residence 8 ☐ Other (Specify) 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 12:05 м 6/18/94 1 YES 2 NO BY SUBJECT WAS STRUCK Investigat After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, tactory, office building, stc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 400 B] k.W. NORTH AVE. ETED 8 Could not be DIRECTOR: 4 (Homicide FOUND ON STREET BALTIMORE. MD 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL OF THE FUNERAL D XX MEDICAL EXAMINER: On the

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Sinden Rudall

111

94 18525

3. TIME OF OEATH

Va

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 X YES 2 NO

Black

Approximate

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

JUNE 21, 1994

Interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

11:40a

REG. NO

8-23-1950

DAY 20

9c. COUNTY OF OFATH

10g. CITIZEN OF WHAT COUNTRY?

USA

21215

2. DATE OF DEATH

JUNE

7. DATE OF BIRTH

DHMH-18 Rev 1/89

7. 5.1.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

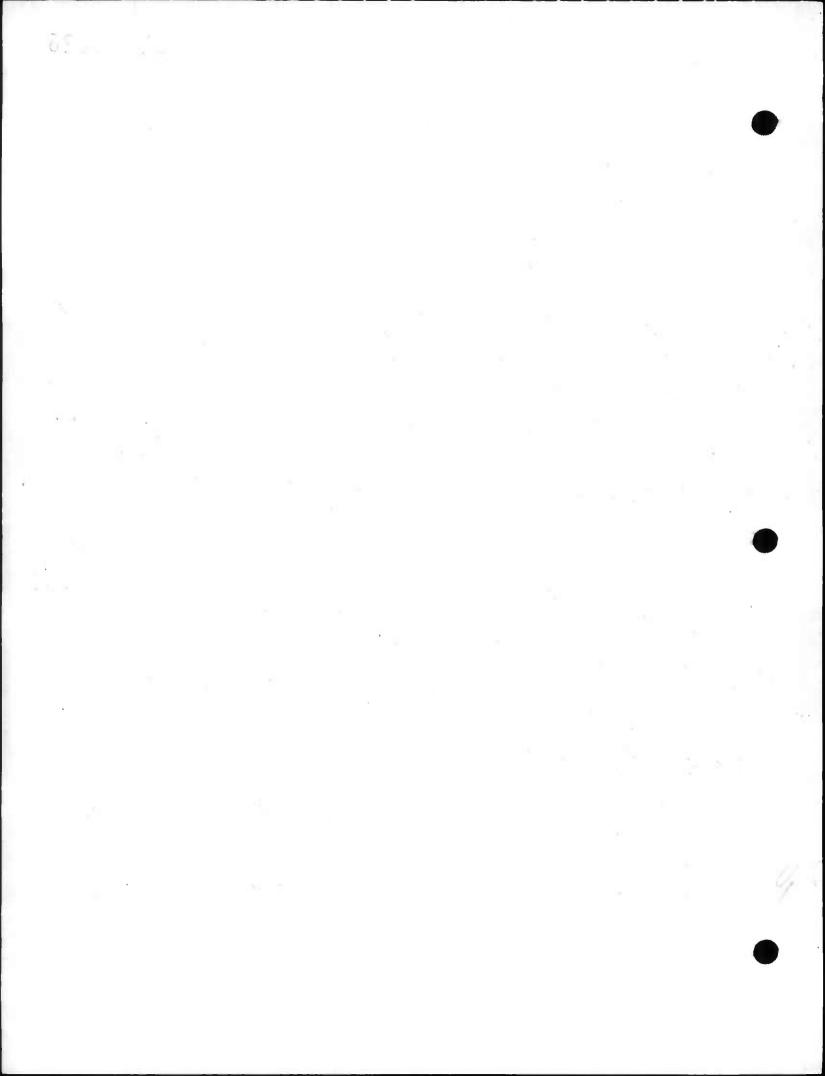
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			SHIIFK	CAIL	UF	DEATH	REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last) THOMAS	S.		FARL	EV			2. DATE OF DEATH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		ACE //a /a			I		JUNE 21,	1994		10:50A M	
	214-40-0842	1 M 2 □ F	. AGE (In yrs. las		IF UNDER 1 Y		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/24/41		Count	HPLACE (State or Foreign ry) ryland	
	9e. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TO	OWN OF	R LOCATION OF D		9c. COUNTY OF DEATN			
0 E	THE JOHNS HOPK	INS HOSPIT	ΓAL		BAL	TIN	MORE CIT	·Y				
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c CITY	TOWN OR I	LOCATIO	ON				10d. INSIDE CITY	
DIRECTOR	MD Baltin	more			rbutu		O.I.				LIMITS?	
¥	10e. STREET AND NUMBER					10f.	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	1817 Superior Ave	enue				2	21227		U.S	.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AF	RMEO	13. WA	S DECE	NDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,	
B	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR 3/9/59 -	OR DATES				2 NO Specif	en, Puerto Ricen, etc.) y:		Spec	k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	/G	CEDENT'S U	de done duri	UPATION	N t of working	16b. KIND OF BUS				
וײַ	Elemantary/Secondary (0-12)	College (1-4 or 5+)		. Do NOT use				Federal Social	GOV Secu	ernm ritv	ent Admin.	
\$	12	4 + 2	Co	mpute	r Ana	alys					1101110211	
	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Maiden	Sumeme)			
BE	Thomas F. Farley	_						th Oates				
ဥ	196. INFORMANT'S NAME (Type/Print) Bernice Haber Fal	rlev	19	817 C	OORESS (S	s (Street and Number or Rural Route Number, City or Town, State, Zip Code) rior Avenue, Arbutus, MD 21227						
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	comptony or	AND DATE OF amatory or other	landla se			6/25 Mar				
1	21. SIGNATURE OF CONTRAL BETWICE LAC	ENSEE	CLCSC	LICATORI	22. NA	ME AND	D ADDRESS OF FA	CILITY Ambrose	Fun	eral	Home, Inc.	
	1 Just	Vagan_									s, MD 21227	
	23. PART i. Enter the diseeses, or o	complications that c	eused the de	eth. Do no	t enter th	e mod	le of dying, euc	h es cerdiac or respi	retory ar	rest,	Approximate	
	shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause	on each line	ð.							interval Between Onset and Death	
	disease or condition	Pula		1 ben							T. / P.	
ŀ	resulting in death)	OUE TO (O	R AS A CONSE	QUENCE OF):	-OUT V	Non	<u> </u>				SA VONO	
z		Pulm	DRAW	Fun	16.3	T	rfeotic	^			Sunke	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate		R AS A CONSE								7446	
<u>5</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	c Alla) jerre;	Boi	he M	WW	N Tra	maplant			75 day 1	
	that initiated events	1		OUENCE OF):		-61		1			0	
H H	resulting in death) LAST	d	tiple							Smorth		
- 11	PART II. Other significent condition	s contributing to de	eath but not i	resulting in	the unde	riving	cause given in	Part I. 24s. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS	
DICAL	Cenal Failur		won	1		,5		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ш	To the farmer	1	ALOX	4 10-64				1 ⊋çYES 2	□ NO		OF DEATH?	
Σ					-			- Limit	-00		1 YES 2 NO	
CIAN: M	25. WAS CASE REFERRED TO MEDICAL					20 01 1	OF OF OFF					
<u> </u>	EXAMINER?	HOSPITAL:	20.4		OTHER:		ACE OF DEATH (Ch					
PHYS	27. MANNER OF DEATH	28e. DATE OF IN		28b. TIME		g Nome		6 Other (Specify)	N II IDW OO	Allaca		
<u> </u>	1 Natural 5 Pending	(Month, Day,	Year)	INJUI	RY	WOR		28d. DESCRIBE HOW II	NJUHY OC	CUHED		
à l	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF II	NJURY At he	me term etc			2 7 40	284 1 00471011 (01		0 1	D	
	4 Homicide B Could not be determined	building, ato	(Specify)	, , , , , , , , , , , , , , , , , , , ,	out, rectory,	, ornee		281. LOCATION (Street e City or Town, State)	ina Numbe	r or Hurei	Houte Number,	
COMPLE	29a, CERTIFIER (Check only	CIAN: To the best of my	knowledge da	ath occurred	et the time	deta e	and place, and due	to the course(s) and mor		de d		
٤	(Check only one) 2 MEOICAL EXAMINE										and menner as stated	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	-/3										
	D 1 (-	V					29c. LICENSE NUI	MUER	D /		(Month, Day, Year)	
2 ∥	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF OFATH ATE	M 27) /Fma /	helint1		V 24	0/5	(6	121	199	
		- TAME EL LED CAUSE	o. otain (iit	m arj (nype, r	inn)							
	31. DATE FILED (Month Day Year)	32. REGISTRAR'S	SIGNATURE									
	31. DATE FILED (Month. Par 1994)	Infi Danden	Rendered									



BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760, DIVISION OR ATTENDING

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Pages 1, 2, 3 should permit. for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. the attending physician and completely filled in by the funeral director, page 5 should be detached Mental Hygiene prior to burial, cremation, or removal. once. Ħ notified e must examiner the medical executed within event, traumatic requires that the death certificate be or other signed by the any peen 3W has be Dept. The certificate h h the State I I, or Item Hem marked, this c After 60 DIRECTOR: / 28 1 - FOR STATE REGISTRAR 10e. STATE Md.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ARRIE CHER 9/ 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. HOURS 2-20-07 1 M 2 TYF Md. 87 YRS. 212-74-4727 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1025 Wilmington Avenue Baltimore City 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore TYPES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1025 Wilmington Avenue-Baltimore, Md. 21223 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify: ВУ Specify: 3€ Widowed 4 □ Divorced Whi COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Housewife N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Updegraff Felward Updegraff Katie Hush Kate Rush BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1025 Wilmington Ave.-Baltimore, Md. 21223 Michaelene R. Hammill 20a. METHOD OF DISPOSITION
14 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Meadowridge Cemetery 6-23-94 4 Donation 5 Other (Specify) Howard Co., Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3512 Frederick Avenue Truman Schwab Baltimore Md 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death diseese or condition resulting in deeth) lens DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE DF): that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, larm, street, lectory, office building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERIO LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Morth, Day, Year)
31. DATE FILED (Morth, Day, Year)
31. DATE FILED (Morth, Day, Year)

nours after o	A 1- 1- A
executed within	
certificate be	
that the death	
ne law requires	
PHYSICIAN: TI	
OR ATTENDING	The second secon
	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pours after or

THE HOSPITAL OR ATTEN THE FUNERAL DIRECTOR: Iled within 72 hours after **OFITANT: It Item 28 is	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician and complete. At in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	requires that the seen signed by the . of Health and A shows any inj	e attending Aental Hygik	ificate be exe physician ar the prior to the the trauma	ecuted within nd complete burial, cremi itic event,	ation of res	y the funera noval.	Page 6 may i director, p	be retained by ge 5 should to e notified a	y the hospital of detached for it once.	or attending use as the
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STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC			PENTAL HYGIE		
1. DECEOENT'S NAME (First, Middle,	MARY EVELYN GA				2. DATE OF DEATH MONTH June 1	18 1	3. TIME OF DEATH 7:40 p
4. SOCIAL SECURITY NUMBER 212-40-1711 90. FACILITY NAME (II not institution,	1 □ M % 🙀 F	95 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Jan. 8,1		BIRTHPLACE (State or Foreign Country) aryland
204 Homewood	Terrace	1	Balti				
Maryland 106. C	OUNTY	100	ltimore	ON ZIP CODE		144- 0/7/75	10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO
204 Homewood T			101.	21218		U.S	
11. MARITAL STATUS 12 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	2 X NO		cify Cuben, Mexican	C ORIGIN? (Specify Y I, Puerto Ricen, etc.)	be or No- 14	RACE — American Indien, Bleck, White, atc. Specify: White
15. DECEDENT' (Specify only highest 12 Yrs.	S EDUCATION grade completed) College (1-4 or 6+)	16a. DECEDENT'S USI (Give kind of work Me. Do NOT use re Office	done during mos tired.)	N t of working	16b. KIND OF B	USINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, La Edgar Gan	ster			16. MOTHER'S NAI	McCormi		
19e, INFORMANT'S NAME (Type/Print	***CORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)						ode)
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 C 4 Donation 5 Other (Specify	Removal from State	other place of disposition of the place) New Cathedia	ral Cem	t.	6/22 Bal	ocation — ch timore	
21. SIGNATURE OF FUNERAL SERVI			4		efeld Hom Rd. 21212		
shock, pr hast fa IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	. Hea	ert Fa	ilure		Interval Between Onset and Det
PART II. Other significant con	ditions contributing to death	but not resulting in t	the underlying	ceuse given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINONO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		THER:	ACE OF DEATH (Che			1
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Dev. Year)	28b. TIME O	PF 28c. INJU	JRY AT	6 Other (Specify) 28d. OESCRIBE HOV	V INJURY OCCU	RED
2 Accident Investig 3 Suicide 6 Could r 4 Homicide determi	ation 28e. PLACE OF INJUI building, etc. (Sc	RY — A1 home, farm, stre- pecify)	et, factory, office	_	28f. LOCATION (Street City or Town, Sta		Rural Route Number,
one)	PNYSICIAN: To the best of my knowaday. AMINER: On the basis of examinate						
29b. SIGNATURE AND TITLE OF CE	RTIFIER LASO	LUD		29c, LICENSE NUN 100 7	IBER		IGNED (Month, Day, Year)
Alicia A. Cool	L M.D. Suite	201 E. Univ		•			
31. DATE FUEN (12713 1994	A 32, HILLIAM THAN S SIC	SMATURE					

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certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	CIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	
FIGURE HOSPIAL OR ALL RAUNG PHYSICIAN; the law requires that the death cembrage to executed witness from the Hospital or attending physician. TO THE FUNEAL DIRECTION After this scentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows a	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last)	m. G	FEN		2. DATE OF GEATH MONTH DAY 22 9	YEAR 2 40 A M
	4. SOCIAL SECURITY NUMBER 218-50-7070 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🖫 F	90 YRS. MON	THE DAYS HOURS MIN.	June 6, 1994	8. BIRTHPLACE (State or Foreign Country) Maryland TY OF DEATH
TOR	Lorian -Frankfor			altimore, City		
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, TO	wn or Location nore City		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5105 Greenhill A	venue		10f. ZIP CODE 21206	10g. CITIZ	EN OF WHAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 XNO Specif	an, Puarto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S USU. (Give kind of work of	AL OCCUPATION fone during most of working red.)	16b. KIND OF BUSINESS/INDU	STRY Whiter
3	Elementary/Secondary (0-12)	College (1-4 or 5+)				
MC	12 17. FATHER'S NAME (First, Middle, Last)		Home maker		AME (First, Middle, Maiden Sumarne)	
	Grant Guisewhit	e			abeth (UNKNO	JN)
3 BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD		Route Number, City or Town, State, Zip (
2	Burton Golden		5105 Gre	enhill Avenue	Baltimore, MD	21206
	20a. METHOD OF DISPOSITION 1 1 Description 2 Comments 3 Rem	moval from State Cer	D. PLACE AND DATE OF DI	/ecel	DATE 20c. LOCATION — C	
	4 Donation 5 Other (Specify)		Parkwood (22. NAME AND ADDRESS OF F	/24/94 Baltimore	e , MD
	Marton &	Deppel &	2	DIPPEL FUNER	AL HOME, INC. oad Baltim ore	. MD. 21206
	23. PART I. Entar the diseases, or	complications that cause. List only one ceuse on e	d the daeth. Do not a	ntar tha mode of dying, suc	ch as cardiac or respiratory erre	st, Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		SC/4105/5 A CONSEQUENCE OF):			Interval Between Onset and Daath
CERTIFICATION	Sequantielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	с	A CONSEQUENCE OF):			
AL	PART II. Other significent condition Dements A	ns contributing to death b	out not resulting in th	e underlying causa given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
I: MEDIC	Sidereblaso DID TOBACCO USE	CONTRIBUTE TO		EATH YES NO		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C		
YSIC	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		HER: Nursing Home 5 - Residence	8 Other (Specify)	
ВУ РН	27. MANNER OF OEATH January 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	JRED
<u>a</u>	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, street	, factory, offica	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLET					to the cause(s) end manner as state time, data and place, and dua to tha	
띪	29b. SIGNATURE AND TITLE OF CERTIFIE	E Som	d	29c. LICENSE NU \$206	MBER 29d. DATE → 6	SIGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	5810 B	elaire Rd	21206	
	31. DATE FILED (Month, Day, Year) - JUN 2 3 1994	32. REGISTRAR'S SIGN	IATURE			

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DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 June Charles W. Hoffman 20 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 1/28/13 8. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 215-10-0660 81 PA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 90 COUNTY OF OFATH DIRECTOR Bayview Medical Center Pages 1, 2, 3 Baltimore City RESIDENCE OF DECEDENT 10s. STATE 10h COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore City TYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit N. Kenwood Ave. 21224 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced page 5 should be detached for use as the WW II White COMPLETED t5. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+)
Unk. Unk. Assembler Electrical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Hoffman 75 Rebecca Morrison retained by BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bernice Hoffman Kenwood Ave. Baltimore, MD 21224 ours after death. Page 6 may be pe 20a, METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, Rosary Cemetery 6/23 Baltimore, MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY B. Dabrowski & Son Funeral Home 2818 E. Baltimore St. Baltimore. MD 21224 in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feiture. List only one cause on each line. medical Interval Between IMMEDIATE CAUSE (Final the cremation, disease or condition Nyocardial nturction and completely to burial, cremat event, reaulting in death) VISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): STage traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): other CAUSE (Disease or injury that initiated eventa amending resulting in death) LAST 6 The other PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Preprovalular amy 1 YES 7 NO shows 1 TES 2 NO ъ PHYSICIAN: Per b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? State certificate HOSPITAL:
1 Propertient 2 ER/Outpetlant 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) b 2 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED H WITH t Riatural 5 Pending Investigation t YES 2 NO 8 Seat. 2 Accident Affar ATTENDING 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, .10 6 Could not be COMPLETED ECTOR: ě 4 Homicide 23 te st 29s. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: 11 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month, Day, Year) 4/20 noma PPS 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1000 0 (homai) - Wolfe Inum Ing

12

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within = hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN			ENTIF	IOAIL	. 01	DLAI	11	REG. NO).		
17	1. DECEDENT'S NAME (First, Middle, Last) GEORGIANA	C.		HEL	ISLEF	3			2. DATE OF DEATH	199	4 YEAR	3. TIME OF DEATH 7:00 pm
i	4. SOCIAL SECURITY NUMBER 214-40-5184	5. SEX	6. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month Co. 190	5	s. BIRTHI Gountry Mar	yland
	9e. FACILITY NAME (If not institution, give st		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT					ATH				
OR	Saint Joseph Hosp		Towson, Maryland Baltimo						nore			
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	I 10c CIT	Y, TOWN O	P I OCAT	ION .					10d. INSIDE CITY		
DIRECTOR		alto.			OWSOI		ION					LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
E I	800 Southerly Rd	. Apt.	915					286_			U.S	
5	11, MARITAL STATUS 1 Never Merried 2 Merried		YES 2	RMED NO					C ORIGIN? (Specify Ye, Puerto Ricen, etc.)	s or No—	14. RACE Black,	Americen Indien, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1	YES	2 X NO	Specify:				ite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	CEDENT'S	USUAL OC	CUPATIO	ON et of weekin	<i>a</i>	16b. KIND OF BU	SINESS/INC		
	Elementary/Secondary (0-12)	College (1-4 or 5	1160	. Do NOT us	se retired.)	uning mo	or or working	y				
MP		4		ept.	Head	1			Ralto	Cit	v Sch	2001
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	NE (First, Middle, Maider	Surname)	3	
BE	George Conn	CORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **TOLL. Lederer** 1205 Fordham Ct. Rel Air Md 21014 THOD OF DISPOSITION (Name of Street) 1206 PLACE AND DATE OF DISPOSITION (Name of Street)										
2	Description of the Property of											
	1 C/Buriel 2 Cremetion 3 I Remo	ovel/from State	emetery, cri	ematory or o	ther place)				1	CATION —	City or Tov	vn, State
	4 Donation 5 Other (Specify)	besse /	/ More	eland	Mem.	Pa	rk ID ADDRES	6,	/23/94	Bal	to. N	1d
	Monale Code	holy sh			Le	ona	rd J	. Ruc	ck, Inc.			
	23. PART i. Entar tha diseases, or c	on plications tha	t caused the de	ath. Do r	not antar	tha mo	da of dyl	ng, such	as cardiac or reap	iratory sr	rest,	Approximats
	shock, or haart fallure. I	ist Dnly Dne cau	isa Dn each line	1.								Interval Batween Onset and Death
	diamen or sendition									6DAYS		
	resulting in death)		(OR AS A CONSE									
Z	Sequentially list conditions,	MULTIP	E ISCHE	EMIC I	NEAR	CTIC	N OF	THE	BRAIN			6 DAYS
Ĕ	If any, jasding to immediata		(OR AS A CONSE	OUENCE O	F):							
CERTIFICATION	CAUSE (Disease of Injury	PNEUM	OR AS A CONSE	OUENOE O								UNK
E	that initiated events resulting in death) LAST					pen.						1.15.16
<u> </u>		CONGE	STIVE HEA	API PA	NLUH							UNK
	PART ii. Other significant condition	a contributing to	death but not	resulting	in tha und	darlyin	cauaa g	ivan in F			24b.	WERE AUTOPSY FINDINGS
EDICAL									PERFO 1 TYES	3 /		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
ME										my c		1 TYES 2 NO
	DID TOBACCO USE C	ONTRIBUTE	TO CAU	SE OF	DEAT	H Y	ES 🖂	NO				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PL		EATH (Chec	ck only one)			
Ž.	1 🗆 YES 2 🚉 NO	1 Inpatient 2	ER/Outpatient	□ DOA	OTHER		e 5 🗆 Res	sidence 6	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIM	E OF URY M		URY AT RK? YES 2		28d. DESCRIBE HOW	INJURY OC	CURED	
- 19	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, facto	ory, offic			281. LOCATION (Street City or Town, State		r or Rural Re	oute Number,
9	29e. CERTIFIER											
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER											end manner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7_	ml)	-			NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO					904	D-25		4		6.	21.17
	LILIA CEBALLOS, M	_			TOW!		IVIU	<150	+			
	JUN 2 3 1994	32. RECHSTRA	R'S SIGNATURE	L								

10=0= 1

3. TIME OF DEATH

9:41P

10d. INSIDE CITY

RACE — American Indian, Black, White, stc.

1 YES 2 NO

STATES

BLACK

Interval Retween Onaet and Death

245 WERE AUTOPSY ENDINGS

1 YES 2 NO

BALTIMORE CITY.

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign

MARYLAND

n/a

Specify:

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-713 7/8/94 t.t

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH RONALD JOHNSON JUNE 18 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 219-52-6974 JUNE 2, 1949 45 DAYS HOURS * 1 X X 2 | F 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY HOSPITAL BALTIMORE CITY DIRECTOR Pages 1, 2, 3 RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND n/a permit. 10a STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? BIDDLE STREET 21213 UNITED 1816 Ε. page 5 should be detached for use as the burial-transit the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES Never Merried 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) LABORER 10 n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam JOSEPH JOHNSON JONES JOSEPHINE 점 retained by BE notified 19s. INFORMANT'S NAME (Type/Print) and Number or Rural Route Number, City or Town, State, Zip Code)
BIDDLE ST, BALTIMORE, MD 21213 19h. MAILING ADDRESS (Stre 9 JOSEPHINE ST, JONES 1816 Ε. Page 6 may be Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must tx□xBuriel 2 □ Cremetion 3 □ Removal from State funeral director, VOSHELL MEMORIAL GARDENS DUNDALK.MD ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY ours after death. C. MARCH FH.-1101 E. NORTH AVE. the medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, filled in by ahock, or heart fallura. List only one cause on each line. IMMEDIATE CALISE /Final cremation, the disease or condition and completely fi o burial, cremation NARCOTIC INTOXICATION reaulting in death) event. ECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) Iraumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to death certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting In death) LAST 6 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. the th 24s. WAS AN AUTOPSY MEDICAL and an that any signed t YES 2 NO lires SWOUTE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 XER/Outpetient 3 | DOA OTHER XX YES 2 - NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? OF 28d. DESCRIBE HOW INJURY OCCURED this (marked, 1 Natural 5 Pending Investigation FOUND 6-18-94 UNKNOWN ™ 1 YES 2XX NO UNKNOWN HOSPITAL OR ATTENDING P. FUNERAL DIRECTOR: After the within 72 hours after death v DIVISION BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offics building, stc. (Specify) 261. LOCATION (Street and Number or Rural Boyle Number City or Town, State) MARVI AND TAIL 69 3 Sulcide 8XX Could not be COMPLETED 28 4 Homicide FOUND: BUILDING PENITENTIARY

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend. 25 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ JUNE 19/94 O.C.M.E.

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HEODORE Tue 111 Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, Day, Year) JUN 2 3 1994

FUNERAL I

TO THE HOSPITA
TO THE FUNERA
De filed within 7.

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32. REGISTRAR'S SIGNATURE San

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ALTIMORE, MARYLAND 21215-0020

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BOX 68760
P.O. B
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			WIL 01	DEATH	MEC	a. NO.											
1 28	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEATN									
0	Harvey Elsworth Joh					MONTH	DAY	YEAR										
- 5	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In vrs. la		UNDER 1 YEAR		6-	21-	94										
	The state of the s	_	MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,)	(bar)	Countr										
	212-32-8690 1 XM 2 C		YRS.			11-05	-1934	Mars	land									
-	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH																	
R	Residence 3906 Forrest Park Ave. Baltimore																	
IK	RESIDENCE OF DECEDENT																	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY									
1 5	Md.		Do I	4 4					LIMITS?									
	10e, STREET AND NUMBER		Dal	timor					1 X YES 2 NO									
N N				10	. ZIP CODE		10g. CIT	IZEN OF V	VHAT COUNTRY?									
Ü	3906 Forrest Park Av	e.			21207			USA										
FUNERAL	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. AL	RMED	13. WAS DEC	ENDENT OF NISPANI	C ORIGIN? (Spec	Ify Yes or No-	14. RACE	- American Indian,									
	IE VES GO	1 YES 2	NO	If yee, sp	ecify Cuben, Mexicen, 2 2 NO Specify:	Puerto Ricen, e	tc.)	Speci	, White, etc.									
B√	3 Widowed 4 Divorced			, , , , ,	a E-Fito Specify.			Speci	Black									
0.	15. DECEDENT'S EDUCATION	16a, D	ECEDENT'S USU	AL OCCUPATION	ON	16h KIND	OF BUSINESS/INI	DUSTRY										
I E	(Specify only highest grade completed)	(0	Give kind of work a. Do NOT use ret	done during mo	ost of working	100.74.140	0. 000	0001111										
٦	Elementary/Secondary (0-12) College (1-4 c	N 5+)			ENG.	- 1												
Ž	12 th	Me	chani	cal														
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM		Weiden Sumame)											
BE	Harvey E. Johnson S	r.			Clara	Jones												
	19e. INFORMANT'S NAME (Type/Print)	16	b. MAILING ADI	DRESS (Street a	and Number or Rural Ro	oute Number, City	or Town, State, Zi	o Code)										
5	Mrs. Elizabeth A. Jo								Md. 21207									
			_															
	20a METNOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State	20b. PLACE cametery, cr	AND DATE OF DI ematory or other p		ame of	DATE 2	0c. LOCATION —	City or To	wn, Stata									
	4 Donation 5 Other (Specify)		ukes	Cemet		R	eister	sto	wn,Md.									
1 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	\circ		22. NAME A	ND ADDRESS OF FACE	LITY DOX	rick C	т.	ones F.H.									
1 3	DIMMEN C	Jone	-	4611	Develo II.	Der :	IICK C	. 0	ones r.h.									
	0,5000000	1							to., Md.15									
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one	that caused the d	eath. Do not a	anter tha mo	da of dying, auch	aa cardiac or	reapiratory ar	reat,	Approximate									
1 1	IMMEDIATE CAUSE (Final	causa on each line	a.						Intarval Between Onset and Daath									
1		KCD. AT	Acres	mage page.					Onset and Death									
	reaulting in death)	TO (OR AS A CONSE	1 0-1-6	31														
1 1																		
2	Sequentially list conditions, b.	MANIC	L71	7/400	7716	FREEN	MA											
CERTIFICATION	If any, leading to immediate	TO (OR AS A CONSE	OUENCE OF):															
3	cause, Enter UNDERLYING CAUSE (Disease or Injury																	
E	that initiated events	TO (OR AS A CONSE	OUENCE OF):															
E	resulting in death) LAST								that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
W									1									
	d																	
	PART II. Other significant conditions contributing	to death but not	reaulting in th	na undarlyln	g causa givan in P	art I. 24a. W	AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS									
	PART II. Other significant conditions contributing	to death but not	reaulting in th	na undariyin	g causa givan in P	P	ERFORMED?	24b.	AVAILABLE PRIOR TO									
		to death but not	reaulting in th	na undarlyln	g causa givan in P	P		24b.										
EDICAL	CePP					P	ERFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE									
MEDICAL						P	ERFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
MEDICAL	DID TOBACCO USE CONTRIBU	JTE TO CAU		EATH Y		10	ERFORMED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
MEDICAL	DID TOBACCO USE CONTRIBU	JTE TO CAU	SE OF D	EATH Y	ES NO	1 🗆 '	ERFORMED? YES 2 NO	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
MEDICAL	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient	JTE TO CAU	SE OF D	EATH Y 28. PI THER: Nursing Horr	YES NO ACE OF DEATN (Checker 5 (M. Residence 8	1 1 1 1 1 1 1 1 1 1	ERFORMED? YES 200 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettent 27. MANNER OF DEATN 28e. OATE	JTE TO CAU	SE OF D	28. PI 28. PI THER: Nursing Hom 28c. INA WC	TES NO ACE OF DEATH (Check NO SIN Residence 8 NRY AT NRY	1 1 1 1 1 1 1 1 1 1	ERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	JTE TO CAU	SE OF D	28. PI THER: Nursing Hom 28c. INI WC M 1	TES NO ACE OF DEATH (Check No. 5 Residence 8 WIRTY AT WIRY AT YES 2 NO	1 1 1 1 1 1 1 1 1 1	ERFORMED? YES 200 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	JTE TO CAU	SE OF D	28. PI THER: Nursing Hom 28c. INI WC M 1	PES NO ACE OF DEATN (Checker 5 Residence 8 URRY AT 1915) PES 2 NO	tk only one) Other (Special OESCRIBE	ERFORMED? YES 2 NO NO NO INJURY OC	CUREO	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO									
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IYSICIAN: The law requires that the death certificate be executed writt ours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely nilled in by the funeral director, page 5 should be detached his use as the burial-transit permit, Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely line	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Margaret	Je Pen MAF	CERTIFIC RGARET ANNA			2. DATE OF DEATH MONTH	DAY 7	YEAR 74	1. TIME OF DEA 9:35	TN P
4. SOCIAL SECURITY NUMBER 214 → 12 → 4341	1 🗆 M 2 💢 F	/Z YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			Mari	yland	oreign
98. FACILITY NAME (If not institution, Johns Hopkins RESIDENCE OF DECEDEN	Bayview Medic			or location of de	ATN	9c. CO	UNTY OF E	DEATN	
Maryland Ba	etimore	10c. CITY,						10d. INSIDE CIT LIMITS? 1 YES 2	
910 Grove Avenu	<i>ie</i>			21222		1.0		what country? States	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2 X NO	If yes, sp		IIC ORIGIN? (Specify n, Puerlo Rican, etc.)	Yes or No-	Blac	14. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 6 grade		180. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during mo retired.)	ON sst of working	16b. KIND OF				
17. FATNER'S NAME (First, Middle, Le William C. Lang	· ·	nomenati			ME (First, Middle, Meidle, Schwar)	len Sumame)			
190. INFORMANT'S NAME (Type/Print					noute Number, City or				
Patricia Wood				iue, Balt	imore, Mi	212	222		
20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetton 3 C 4 Donetten 5 Other (Specify. 21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	20b. PLACE AND DATE OF CAMBELLY, CREMENT OF ONLY	Paik Cen 22. NAME AT 7922 Duda-	netery 6/ ND ADDRESS OF FAI Wise Ave Ruck Fun	210ATE 20c. 22/94 Bo Buity nue, Bali eral Home	to., 102 of 1	ore, MD 2 Dunda	MD 21222	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTR	AR
	1. D	ECEDENT'S	NAP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

											HEG. NO				
	1. DECEDENT'S NAME (First,		_							MONTH	OF DEATH		YEAR	3. TIME OF DEA	
			sler, Jr							June	20,	1994		4:20	Р. м
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	HOURS	R 24 HRS.	7. DATE (DE BIRTH		8. BIRTHPLACE (State or Foreign Country)		oreign
	219-12-5228		1 XM 2 □ F	71	YRS.	anomina	MONTHS DAYA HOURS MIN. Jan. 24, 1923 M					Man	ryland	- 1	
	9a. FACILITY NAME (If not ins	stitution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN									
e l	3908 Pinedale Drive				Per	Perry Hall Baltimore Co					ce Count	y I			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CIT						**								
2						Y, TOWN (TION						10d, INSIDE CITY LIMITS?	Y
						cry H	MIT							1 TES 2 2	NO
¥	10e. STREET AND NUMBER							. ZIP COD						WHAT COUNTRY?	
剪	3908 Pineda	le Dri	.ve					2123	6			U.	.S.A.		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.						NIC ORIGIN	? (Specify Yes	or No-	14. RAC	E American Indi k, White, etc.	en,
BY	1 Never Merried 2 🔀		WII, N	AR OR DATES				2 XNO			roun, etc.)			îte	- 1
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3	Elementary/Secondary (0-	-12)	College (1-4 or 5		Ille. Do NOT u			Latie		-	7 C			Town or	- 1
COMPLETED	12th Grade			5	ales I	kepre	sen				.A. S		C & 2	ons	
8	17. FATNER'S NAME (First, Mi		Can								liddle, Maiden				
BE	Robert C. K		, 51.								Strob				
2	19a. INFORMANT'S NAME (7)										er, City or Tow			. 01006	
-	Patricia A.		.er		3908 1	21nec	lale	Dri	ve,	Baltı	more,	Mary	/Lam	21236	
	20a. METNOD OF DISPOSITION 1 № Burlel 2 □ Cremetion		oval from Stata	20b.PLA	CE AND DATE	OF DISPOS	ITION (Na	me of		DATE	20c. LO	CATION -	City or To	wn, Stata	
į,	4 Donation 5 Other			Gar	dens d	of Fa	iith	Ceme	eter	y 6/2	4 Ba	ltim	ore,	Marylan	d
d	21 SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE					ND ADDRE		cility r, In	~				
\I	Market Company	t, X		2								2000	Mai	ryland 2	1206
-	23. PART I. Enter the di	sasses, or o	omplications the	caused the	death. Do	not enter	tha mo	de of dv	ing, suc	th as card	DOT CT	ratory ar	rast.	Approxim	
	andck, or na	art failure.	clet only one ellu	isa on eech l	ine.			,	9					Interval B	etween
	IMMEDIATE CAUSE (Fin disease or condition	el	C	PARCIA	rama		L.	H.	10	das				Onsat and	12
	reaulting in death)	13	DUE TO	OR AS A CON	SEQUENCE O	E:		, C	_/_	100706	7			7.07	(100)
_															- 1
CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A CON	SEOUENCE D	F):									
¥	ceuse. Enter UNDERLYII	NG													
프	CAUSE (Disease or Injui that initiated events	y Y	DUE TO	(OR AS A CON	SEQUENCE O	DF):									
분	resulting in death) LAST	r 16.													
EDICAL	PART II. Other significan	nt condition	s contributing to	death but no	ot resulting	In the un	derlyln	g causa	given in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY F	
8											1 TES 2			COMPLETION OF (
ME										j				1 YES 2	16
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PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. Pt	ACE OF D	DEATH (Ch	eck only one	9)				$\overline{}$
S	EXAMINER?		HOSPITAL:	ER/Outpstlent	3 🗆 DOA	OTHER		a 5 A	asidence	8 🗌 Other	(Specify)				
主	27. MANNER OF DEATH		28a. DATE OF		28b. TIN	E OF	28c. INJ	URY AT			CRIBE NOW I	NJURY OC	CURED		
		Pending	(Month, D	ay, Year)	IN.	JURY M		PRK? YES 2	NO						
è l	2 Outstand	nvestigation	28e. PLACE O	F INJURY AI	home, farm,	atreet, fact	ory, offic	•		281. LOCATION (Street and Number or Rural Route Number.				-	
COMPLETED		Could not be latarmined	building,	atc. (Specify)							v Town, State)				
91	29a. CERTIFIER				VSP			77 (77	16.77				_		_
A P	onel		CIAN: To the best of												00073
8	2 MEDIT	LAL EXAMINE	R: On the beels of e	xemination and	or investigation	on, in my o	pinion, d	leath occu	red at the	time, data	and place, an	d due to ti	ha cause(s	a) and manner as a	itsted.
m III	296. SIGNATURE AND TIFLE	OF CERTIFIER	10 11	4	/			29c. LIC	ENSE NUI			29d. DAT	E SIGNED	(Month, Day, Year)	
10 B	Man J. Jo	Wan	w ##	noting	Ohrs.	Liai	V			6530	,	▶ 6	5/2	1/94	
F	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	TEM 27) (Type	, Print)	0		^	,	. /) ,	,		\neg
	mare D.	Jok	down,	MD	301	24	10	ul	111	ace	03	abo	6 M	20 212	De
	31. DATE FILED (Month, Day,	SOA	32. REGISTRA	RIS SIGN TUR	Rahilles	y 4									
	JUNGAR	777	March Brancher	A 8 6 4000	distant Alle	*									- 1

31. DATE FILED (Month, Day, Year) IUN 2 3 1994

	1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL HYGIE									
П	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH							
	James Burleigh					June 19	, 199	4 7:24p M							
	4. SOCIAL SECURITY NUMBER 008-03-0328	1 x M 2 □ F 94	(In yrs. lest birthday) YRS.		DAYS HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) Apr. 29, 1		BIRTHPLACE (State or Foreign Country) Vermont							
LETED BY FUNERAL DIRECTOR	Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH Anne Arundel Anne Arundel														
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Anne Arundel Crofton							10d. INSIDE CITY LIMITS? 1 YES 27 NO							
	100. STREET AND NUMBER		18 17		10f. ZIP CODE	(19)		N OF WHAT COUNTRY?							
	1676 Carlyle A 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If y	21114 S DECENDENT OF HISF rea, specify Cuban, Max YES 2 NO Spe		USA es or No — 14	RACE — American Indian, Black, White, atc. Specify: White							
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16m. DECEDENT'S (Give kind of life. Do NOT un	work done dur se retired.)	ring most of working	16b. KIND OF B	usiness/inous								
COMPL	17. FATHER'S NAME (First, Middle, Lest) Frank Lyford		Kecail	Sare	18. MOTHER'S	NAME (First, Middle, Meide Burleigh	n Sumame)	5							
ם סב	198. INFORMANT'S NAME (Typo/Print) Richard W. Lyf	Ford			Street and Number or Run	al Route Number, City or To	wn. State, Zip Co								
	20a. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Ramo	oval from Stata 20t	D. PLACE AND DATE	OF DISPOSITI	ON (Name of	OATE 20c. L	OCATION — CIT	y or Town, Stata							
	4 Donation 5 Other (Specify)		etro Cr	22, NA	ME AND ADDRESS OF			ore, MD .A.							
N	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Euptured a Tour TO FOR AS A	ech line. Padamina a consequence o	l aor	tic aneux			t, Approximate interval Between Onset and Death							
CERTIFICATION	Sequentielly list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
EDICAL	PART II. Other significant condition	s contributing to deeth b	out not resulting	in the unde	erlying couse given		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN: MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Check only one)												
PHYSI	1 U YES 2 M NO 27. MANNER OF DEATH	1 Inpetiant 2 MER/Out	28b, TIN	E OF 2	g Home 5 - Residence	e 8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCU	REO							
BY PI	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street a							Rural Route Number,							
0	4 Homkelde detarmined building, etc. (Specify) City or Town, State)														
ETED	29a. CERTIFIER	CIAN: To the best of my know	riedge, death occurr	ed at the time	e, data and place, and d	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSH (Check only one) 2 MEDICAL EXAMINE				nion, death occured at t	ha time, data and place, o	and due to the o	cause(a) and manner se atated.							
0	29a. CERTIFIER (Check only					ha time, data and place, o	and due to the o								

BALTIMORE, MARYLAND 21215-0020	th. Page 6 may be retained by the hospital or attending physici
_	irs after dea
	2
DIVISION OF VITAL RECORDS, P.O. BOX 68760	equires that the death certificate be executed within
DIVISION OF VITAL R	OR ATTENDING PHYSICIAN: The law requires that the death

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
	THELMA 4. SOCIAL SECURITY NUMBER	BLAIR 5. SEX 8. AGE		NDSAY UNDER 1 YEAR	IF UNDER 24 HRS.	June 20	200	HPLACE (State or Foreign		
		1 🗆 M 2 💢 F		NTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug 5, 19	Coun	aryland		
Œ	90. FACILITY NAME (If not institution, give stre Good Samaritan Nui				OR LOCATION OF DE		9c. COUNTY OF	DEATH		
20	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	sing center			imore Cit	У				
DIRECTOR	Maryland	Baltimore City				10d. INSIDE CITY LIMITS? 1 \(\overline{\partial} \) YES 2				
	10e. STREET AND NUMBER		1 00		. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY				
FUNERAL	1651 E. Belvedere	AVE.	VIIS ADMED	12 WAS DEC	21239	IC ORIGIN? (Specify Yea	U.S.			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [X] YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp	ecify Cuban, Maxicar 2 NO Specify	, Puerto Rican, atc.)	Spec	E — American Indian, k, white, atc. ://y: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S USU	done during mo		16b. KIND OF BUS	INESS/INDUSTRY	mir oc		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 yr S	Secret							
SOS	17. FATHER'S NAME (First, Middle, Last) William					ME (First, Middle, Maiden :				
BE	WIIIICIII 19a. INFORMANT'S NAME (Type/Print)			lair	Ber	tha oute Number, City or Town		1cCauley		
임	Mr. Charles J. Ert	te1			wood Rd.	Baltimor		21239		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramov		PLACE AND DATE OF D	pleçe)			CATION — City or To			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE Paul LanHa	Parkwoo rtsock.Jr.		6/22/9 ID ADDRESS OF FAC		timore, ore, MD	MD 21214		
	Paul L. Ha	tock .)	Leon	ard J. R	uck, Inc.				
SAL CERTIFICATION	23. PART I. Enter the diseases, or complications that outset the death. Do not enter the mode of dying, such as cerdiec or respiratory arreet, abrock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDIC	DID TOBACCO USE CO	ONITRIBLITE TO	CALISE OF D	EATH V		1 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
SIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck-only one)				
YSIC	1 TES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outp	estlant 3 DOA 41		a 5 🗌 Raeldenca					
ВУ РН	27. MANNEB OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME OI INJURY	wo	URY AT RK? 'ES 2 NO	28d, DESCRIBE HOW IN	JURY OCCURED			
	2 Accidem Investigation 3 Sulcide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Num City or Town, State) 28f. LOCATION (Street and Number or Rural Route Num City or Town, State)						Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Kleun	, mb)	29c. LICENSE NUM	DER 39/	29d. DATE SIGNED	20 - 9 4		
ř	30. NAME AND ADDRESS OF PERSON WHO									
	Mohammed N. Khan, 31. DATE FILED (Month) Day, 1994	M.D. A. REGISTRAR'S SIGN	5601 Loch	Raven	Blvd.					

Teles 12 MARTIN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

LEWIS

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

FANNIE

3. TIME OF DEATH

AM

8:50

8. BIRTHPLACE (State or Foreign

n/a

WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

10d. INSIDE CITY

YES 2 NO

STATES

MARYLAND

REG. NO.

19

94

9c. COUNTY OF DEATH

log. CITIZEN OF

UNITED

2. DATE OF DEATH

JUNE

29c. LICENSE NUMBER

O.C.M.E

permit. Pages 1, 2, 3 should use as the burial-transit retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 page 5 should be detached for ours after death. Page 6 may be filled in by the funeral director, 9 and completely file to burial, cremation DIVISION OF VITAL RECORDS, P.O. BOX 68760 2 attending physician and the state of the sta death certificate be n signed by the attend Health and Mental H s certificate has been the State Dept. HOSPITAL OR ATTENDING PHYSICIAN: The with 1 FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 1911 APR . 14, 1994 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. 214-16-6694 DAVE 1 M 2 XX 83 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 2403 ST.STEPHENS COURT APT.2-A BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND n/a BALTIMORE FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 2403 ST. STEPHENS COURT apt. 2A 21229 12. WAS DECEDENT EYER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ΒY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL LABORFR BALTO CITY 17. FATHER'S NAME (First, Middle | ast) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
PATSY CHATMAN JAMES MARTIN С. 70 BE 196. INFORMANT'S NAME (Type/Print)
CONSTANCE FORD notified COLBORNE 2 CONSTANCE 4108 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must AR BUTUSther pl PARK MEMORIAL examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH medical 23. PART . Enter the diseases. or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disesse or condition_ recuiting in deeth) other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST 0 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL any 1 TYES 2 NO shows a PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 1 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL **EXAMINER?** OTHER: XXYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home XX Residence 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Natural 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2XXMEDICAL EXAMINER: On the

LOCK

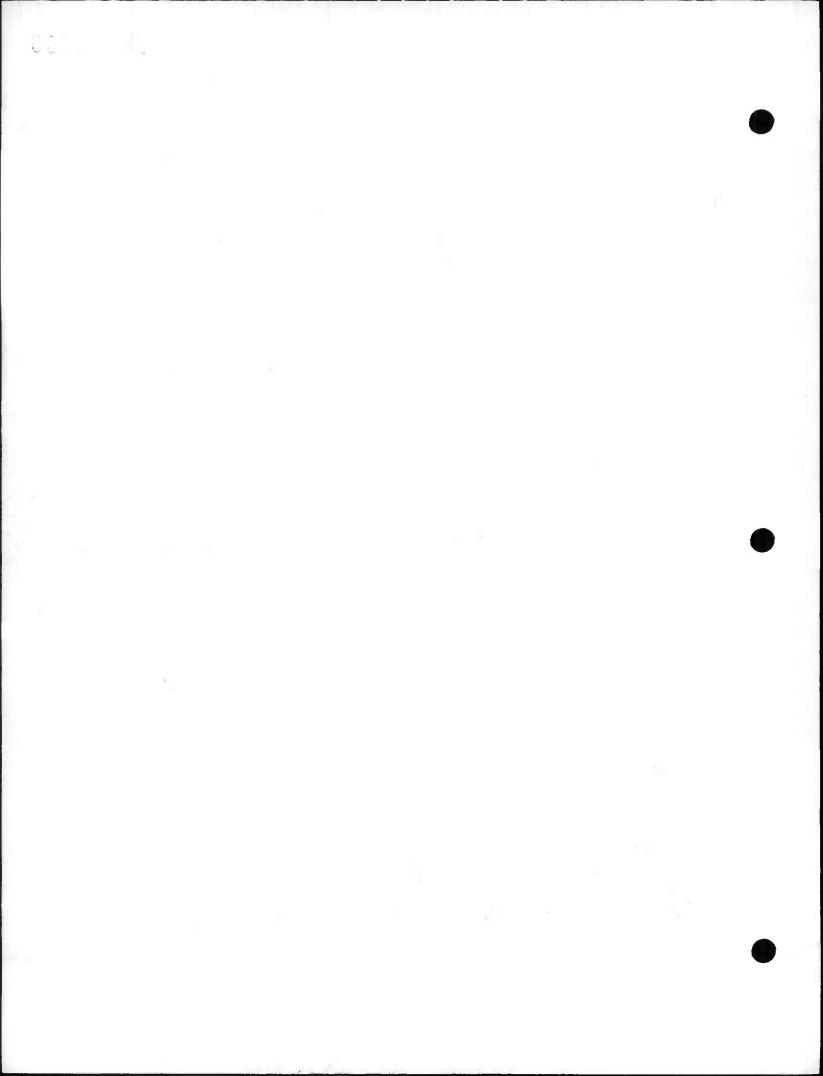
ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32: REGISTRAR'S SIGNATURE

Runel Route Number, City or Town, State, Zip Code)
RD, BALTIMORE, MD21229 20c. LOCATION - City or ARBUTUS, MD AVE Approximate Onset and Death 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) estigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) ▶JUNE 20,1994 111 Penn Street, Baltimore, Maryland 21201 DHMH-18 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF I	/ MAKYLAND CI	DEPAI ERTIF					MENTA	REG. N			
	t. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	MICHAEL				MA	NIG		r.	JUN		2.0	YEAR 94	9:54 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER	1 24 HRS.	7 DATE	OF BIRTH		A BIOT	HPI ACE /State or Formion
	218-80-7897	1)XXM 2 F	21	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	1972	M A R	YLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN (OR LOCATI	ON OF DI		• = / ,		INTY OF I	
H	2900 BLK CARVE	R ROAD					ORE					n/a	
DIRECTOR	RESIDENCE OF DECEDENT												
Ä	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
	MARYLAND	n/a			BAL	TIM	URE					1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2714 CARVER	ROAD				to	ZIP COD	£ 2122	2.5	10g. CITIZEN OF WI			
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGII	Y? (Specify Y	ea or No-	14. RAC	E — American Indian,
ВУ Е	1 New Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES XXI	NO			2 A NO			Rican, atc.)			ek, White, etc.
	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		tét	. KIND OF B	USINESS/IN		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ha	live kind of . Do NOT u	work done se retired.)	during mo	st of worki	ng					
릴	11 TH			unen	np lo	ye d				n/a	£		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0.0								Middle, Maide	n Surname)		
BE C	MICHAEL MANI	GO , SR	•				E F	ARTH	Α	JACK	SON		
2	19a. INFORMANT'S NAME (Type/Print)	00 00								ber, City or To			
-	MICHAEL MANI	GO, SR	•	2833	3 W	•	CULL) 2 P K	ING	LANE	.,BAI	_ 1 1 1	ORE,MD#15
	20a. METHOD OF DISPOSITION (1)() Burlal 2 Cramation 3 Ram	oval from State	20b. PLACE					DV	DAT		OCATION -		
	4 Donation 5 Other (Specify)		- 17	- Z I			METE		1	LAI	VS DO	WINE,	MU
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<i>V</i>				ND ADDRE						
	rell. 3	ocla.	ra		M	Μ.	C. M	IARC	H F	H1]	.01	EE.	NORTH AVE
	23. PART I. Enter the diseases, or o	complications the	t caused the de	eath. Do	not enter	the mo	de of dy	Ing, suc	h aa can	dlac or rea	piretory a	rreat,	Approximate
	ehock, or heert fallure. IMMEDIATE CAUSE (Final	List only one cst	ISO DA COCH IINC	.									Interval Between Onsat and Death
		disease or condition Ciril Control of the Control o											
1	Toodking in county	DUE TO	(OR AS A CONSE	QUENCE O	F):					41-01	V 0 0		
Z	Sequentially list conditions b.												
E	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or injury	c	/00 40 4 00W00		_								
Ē	that initiated eventa resulting in death) LAST	DOE 10	(OR AS A CONSE	OUENCE O	+):								i .
CERTIFICATION		d											
	PART il. Other significant condition	a contributing to	deeth but not i	resulting	In the ur	nderlyin	g cauae	given in	Part i.		N AUTOPSY	241	. WERE AUTOPSY FINDINGS
ICAL										1 YES			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Æ													OF DEATH? 1 YES 2 NO
PHYSICIAN: MED	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEAT	TH Y	ES I	l NC					
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D			ne)			
Sic	1XX ES 2 □ NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHEI	R: sing Hom	e 5 🗆 Re	sidence	6X1Xethe	er (Specify)	ON S	TREE	ET
Ť	27. MANNER OF DEATH	28a. DATE OF		28b. TIR		28c. INJ			_	SCRIBE HOW	INJURY O	CURED	-1
ВУБ	1 Natural 5 Pending 2 Accident Investigation	62	294	214	A M	1 🔲		NO	9	いろうら	sct	SHO	OT
	3 Suicide 6 Could not be	28s. PLACE C	F INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, offic			28f. LOC	ATION (Stree or Town, Stat	t and Numb	or Rural	Route Number, W)
1	4 Homicide determined		STREE	5					290	OBLK	CVS	VER	PO BALTILOR
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the beat of	my knowledge, de	eath occur	ed at the t	lime, data	and place	, and dua	to the ca	use(a) and m	anner aa at	rted.	
COMPLETED	one) 2 MEDICAL EXAMINE												s) and manner as stated.
-	296. AGNATURE AND TITLE OF CERTIFIE							ENSE NUI					O (Month, Day, Year)
8	Warne love	Upill.							1.E.			UNE	21,1994
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)			1	و ند و د		1 0	OINE	21,1774
	MARYDOUN D	. KORE	LLMB 1	11	Penn	s+	Tee.	t. 1	3al+	imor	e. M	arv.	land 21201
	31. DATE FILED (Month, Day, Year)	12/FINGISTR/	R'S SIGNATURE		- 0111			1	- u + L	LINUL	J 1	<u>~ - у</u> -	Luna Elect
	JUN 2 3 1994	of when D	enden for										- 1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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physician.	burial-trans	
imquires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.	wen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans of Hostin and Montal Hurison prior to burial committing or comment	
hospital or	tached for	ICe.
y the	be de	at or
retained b	5 should	the regard and mental stylene prior to other traumatic event, the medical examiner must be notified at once.
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CERTIFICATION

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PHYSICIAN:

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FUNERAL I

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

10.0

HOSPITAL OR ATTENDING

Dept 23

BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

18540 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH JUNE 21 JAMES C. MONTGOMERY 1994 9:15 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 1 9 3 0 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 X M 2 F 64 212-26-7788 YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10a. STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION Md Balto FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 21216 USA 1224 Oakhurst Place 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XHO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Mexicen, Puerio Rican, etc.)
1 YES 2 NO Specify: 1 Never Merried 2 X Merried BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (I-4 or 5.4)

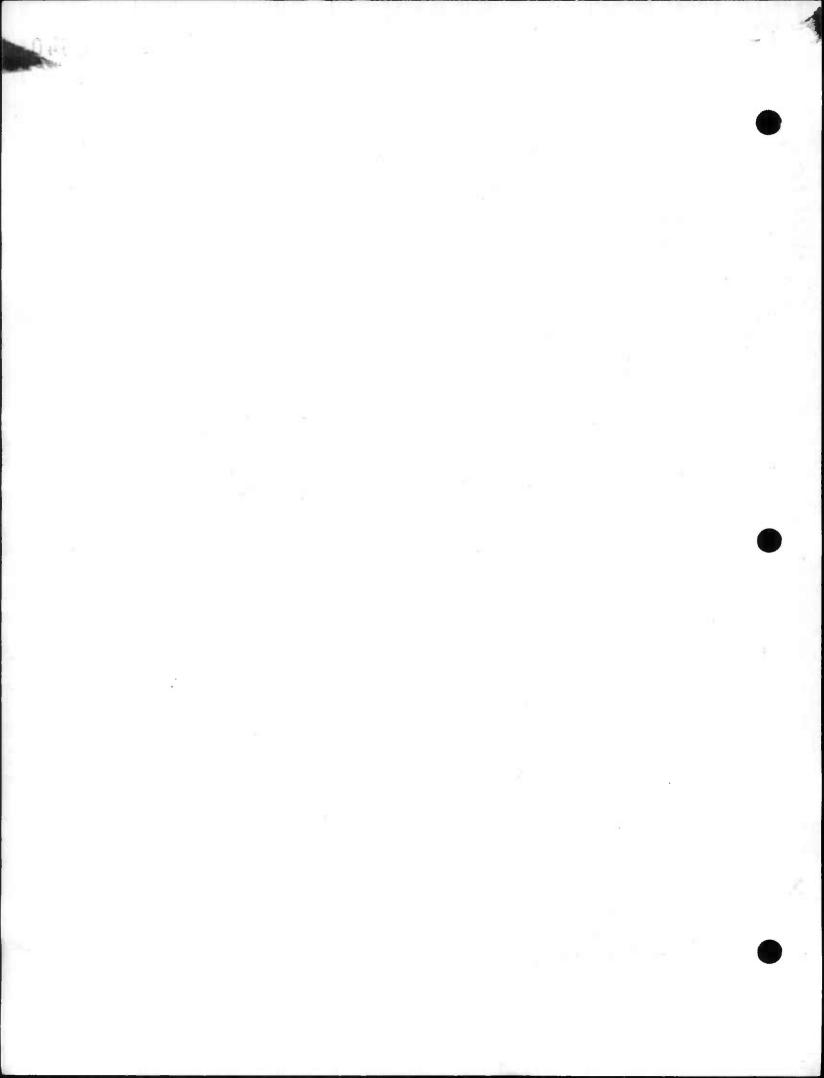
Md 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black. White, etc. SpecMy: Black Unknown 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Flinnie Mae Elmore Dever B. Montgomery 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stets. Zip Code)
7119 Rolling Bend Road #D Balto, Md 21244 Barbara Madden 20e, METHOD OF DISPOSITION
1

Burlel 2 Cremetion 3 5
4 Donetion 5 Other (Specify) DATE 20c. LOCATION - City or Town, State 62594 Randallstown, Md 20b. PLACE AND DATE OF DISPOSITION (Name of Buriel 2 Commetion 3 Removal Imm State Kang Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue Balto, Md 21215 Willy 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errect, Approximata ehock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition HILLYO CATEINOUS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSPOUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24. WAS AN AUTOPSY 1 TYES 2 NO OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 280. DATE OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident t YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be 4 Nomicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner se stated. 29b. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, 16 MAPLO. 30. NAME AND ADDRESS OF PERSON LETED CAUSE OF DEATH (ITEM 27) (Type, Print) HRISTOF MO 11205 JUN 2 3 1994 REGISTRAR'S SIGNATURE

COMPLETED BE

DHMH-18 Rev 1/89

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AN: The law requires that the death certificate be executed with. Yours after death, Page 6 may be retained by the hospital or attending physician.

State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 OF VITAL RECORDS, P.O. BOX 68760,

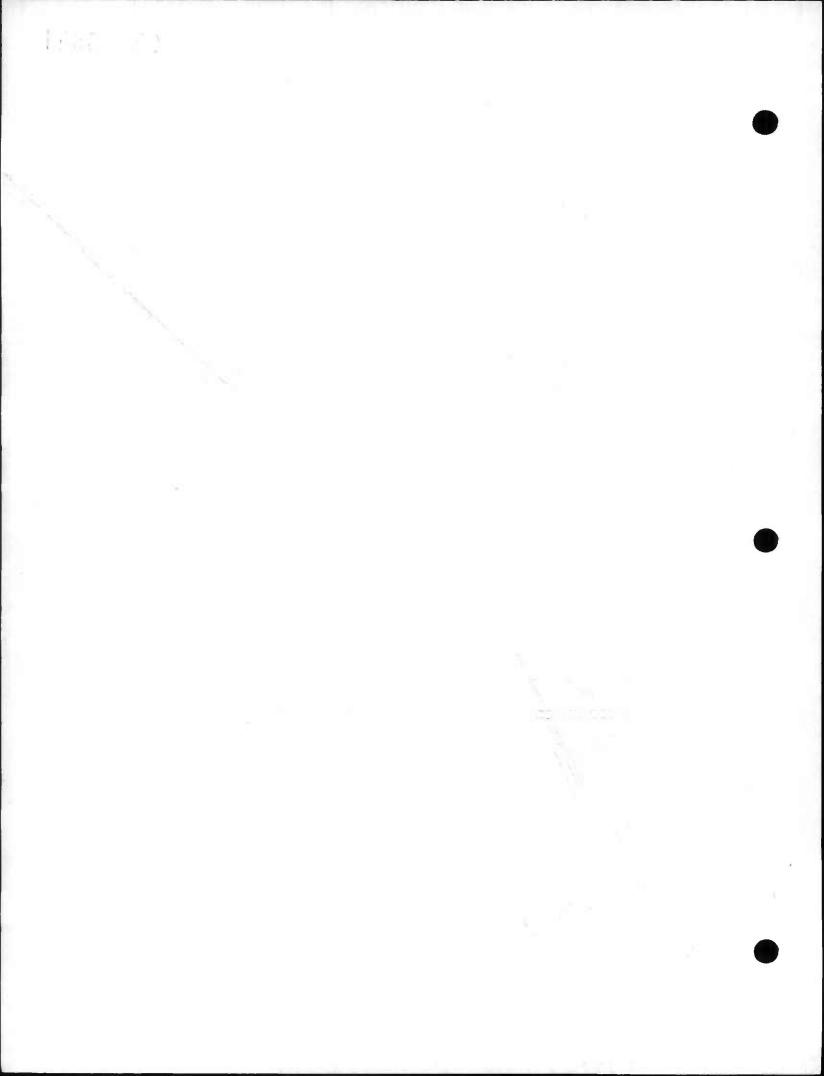
DIVISIO

TO THE FUNERAL DIRECTORS
TO THE FUNERAL DIRECTORS
DE fined within 72 bours after
IMPORTANT. If them 28 is

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE (OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Mattie Mae Morris				2. DATE OF DEATH DO	0 199 ¥	3. TIME OF DEATH 3. SU A M	
i Ü	4. SOCIAL SECURITY NUMBER 5. SEX 6. 250-48-3179 1 □ M 2 💢 F		F UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	A. BIR	ITHPLACE (State or Foreign injury)	
	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TO	WN OR LOCATION OF DE	EATH	9c. COUNTY OF		
OR	Union Memorial Hosp	ital	Ba.	ltimore (City			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY. 1	OWN OR L	CATION			10d. INSIDE CITY	
L DIRECTOR	MD 10e. STREET AND NUMBER		ALTO	-0.00			YES 2 NO	
VERA	3910 W. COLDSPRING	LANE		101. ZIP CODE 2121:	5	U.S.	A .	
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed X Divorced 12. WAS DECEDENT F FORCES? 1 IF YES, GIVE WAR	/ER IN U.S. ARMED YES 2 NO OR DATES 1	II ye	DECENDENT OF HISPAN a, specify Cuben, Maxica YES NO Specific		Bid	ACE — American Indian, ack, White, atc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	k done durin	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
Ψ.	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use n	etired.)		EDANCI	re econ	T KEY MED.	
ğ	12TH 2YRS	O I I I I I		44 4407445000 444	ME (First, Middle, Meiden		T KEY MED.	
ပ္က	JOSEPH NELSON			MATT				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	ORESS (St	eet and Number or Rural	Route Number, City or Tow	n. State. Zip Code)		
임	ODESSA NELSON	2805		MOND RI	DGE RD BA	LTO, M	ID 21207	
	20a, METHOD OF OISPOSITION 1 A Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF I cemetery, cremetory or other WOODLAWN				CATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		_	E AND ADDRESS OF FA	CILITY			
	Dlades Ware	\supset	MA	RCH F/H	-WEST 43	300 WAR	BASH AVE	
		AS A CONSEQUENCE OF):	enter the	mode of dying, auc	h aa cerdiac or respi	retory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
	resulting in death) LAST							
	PART II. Other significent conditions contributing to de	eth but not resulting in	the under	lying cause given in	Pert I. 24s, WAS AN	AUTOPSY 2	Ab. WERE AUTOPSY FINDINGS	
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. SETIZUTES 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
Σ	DID TOBACCO USE CONTRIBUTE T	O CAUSE OF D	EATH	YES NO	TA.		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINER?			8. PLACE OF GEATH (Ch	eck only one)			
Z.	1 YES 2 MO 1 Inpatient 2 EF		THER:	Home 5 - Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	URY 28b. TIME (bar) INJUR	Y	HIJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	28d. DESCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not ba 4 Homicide datarmined 3 Suicide 8 Could not ba datarmined 3 Suicide 8 Could not ba datarmined 4 Homicide datarmined							al Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exam						e(s) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CENTRES			29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
0	usually cymit			AU41764	135Am 2637	> Jus	420, 1994	
	30. NAME AND ADDRESS OF PERSON WHILE COMPLETED CAUSE OF USE OF US	L Union	int) M:	emorial	35Am 2637	5/		
	31. DATE FILED (Month, Day, Hear) 32. REGISTRAR'S	SIGNATURE						



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rSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deut of Health and Mental Hydiene prior to burial, cremation, or removal.	of the state of all the state of the state o
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the	THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dent, of Health and	REDORTENT IN NAME OF TAXABLE OF T

94 18542 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH NUMBER 4. SOCIAL SECURITY 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 7.4 2 | F DAYS HOURS 04-0 4-BALTIMORE Sc. COLUNEY OF GEATH HARBOR HOSPITAL CENTER DIRECTOR RESIDENCE OF DECEDENT A.A. CO 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21225 5931 BELLE GROVE ROAD 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married Specify: BLACK BY 3 Widowed 4 ☐ Divorced 16a. DECEDENT'S USUAL OCCUPATION

16a Decedent's Usual Occupation working most of working COMPLETED 15. OECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ntary/Secondery (0-12) College (1-4 or 5+) RAILROAD DRIVER 6th 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)
ELLA PATRICK WILL MILLER BE MARION PINKNEY 5931 BELLE GROVE RD. BALTE, MD Town 2912 25 Code) 2 20 METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State Cedar Hard of Disposition (Name of Cedar Hard of Property) Brook Tyn 6725 4 Donetion 5 Other (Specify) 21. SIGNATURE OF THEBAL SERVICE LICENSE 1206-08 W. North Avenue Baltimore, Maryland 21217 29. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Anterisclose Jelromecolar resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO neoverna COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 JNG Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation M 1 YES 2 NO 84 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9 8 Could not be 4 Nomicide COMPLET 290. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as 29b. SIGNATURE AND TITLE OF CERTIFIER BE

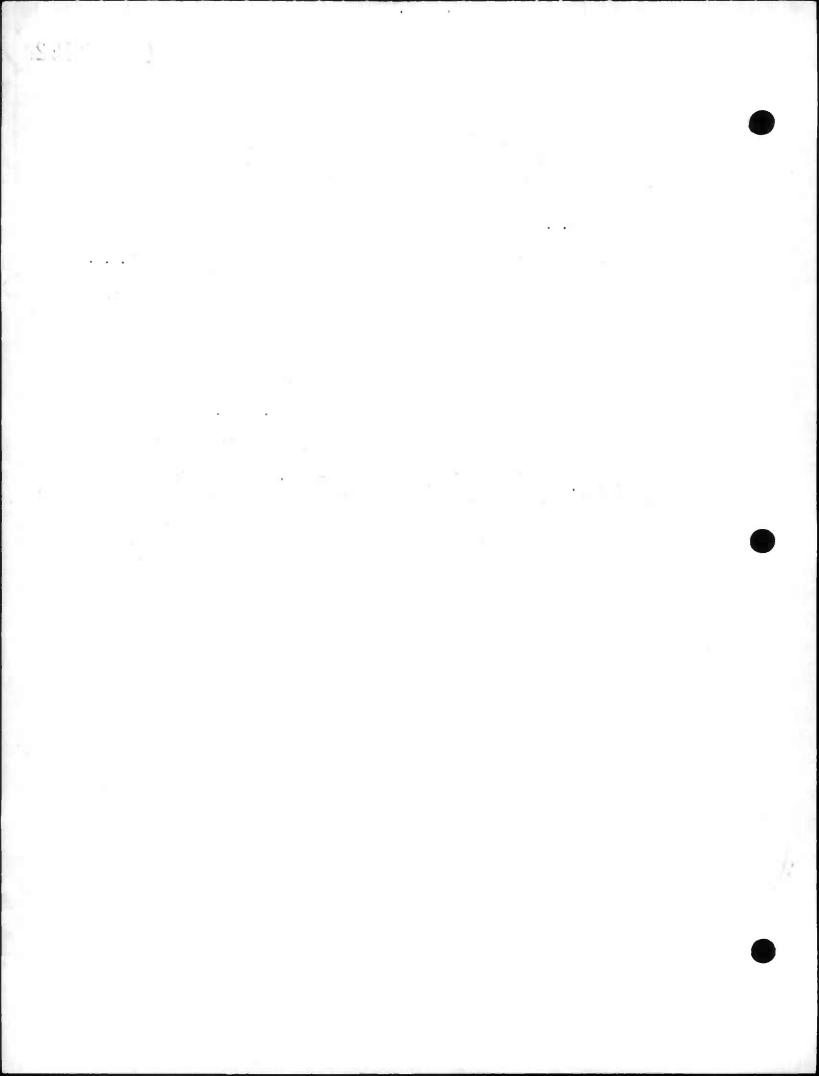
29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (Lubaut 10 Bereton 21226 606 Hanner Que nd 02. REGISTRANIS SIGNATURE

whi Sinden-Rudall

Michael

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENT	AL HYGIEN REG. NO.	E		
ANNA PERCUBA MOSELY 2. DATE OF DEATH MONTH - 20 DAY 6 - 20 DAY 94 A SOCIAL SECURITY MUMBER							3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 214-26-7014	5. SEX 6. AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Country)			PLACE (Stote or Foreign	
TOR	9a. FACILITY NAME (If not institution, give 2415 RESIDENCE OF DECEDENT	WESTWOOD AV			LTIMORE	EATH		9c. COUN	ITY OF D	EATH
DIRECTOR	10e. STATE 10b. COUNT	Υ	t0c. CITY,		WN OR LOCATION BALTIMORE					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10. STREET AND NUMBER	5 WESTWOOD AV	/E.	101	, ZIP CODE	2121	6	10g. CITIZ	U.S	HAT COUNTRY?
Β	t1. MARITAL STATUS t Never Married 2 Merried 3 V Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPAN pelfy Cubert, Mexica 2 NO Specifi	in, Puerlo	ilN? (Specify Yea o Ricen, etc.)	or No-	Black	, American Indian, , White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done durina ma	st of working	10	SOCI	AL SI		ΙΤΥ
BE COM	17. FATHER'S NAME (First, Middle, Last)	GEORGE H		LIVISO	16. MOTHER'S NA	ME (First	, Middle, Meiden			
TO B	190. INFORMANT'S NAME (Type/Print) VERALYNE	M. FENTY		WESTWOO	nd Number or Rurel I		TIMORE,			D 21216
	20v. METHOD OF DISPOSITION 1 V3 Buriel 2 Crematton 3 Ren 4 Donation 5 Other (Specify)	novat from State	b. PLACE AND DATE OF THE STREET, CREMATE OF THE STREET, CREMATE OF THE STREET, COUNTY ON	EN PARK		6-	24 BAL		RE, I	MARYLAND
	Pharles H.	Donal	e	F.H.		NOI	RTH AVE	. BA	LTO.	COMMUNITY MD. 21217
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	ach lina.		da of dying, auc		rdiac or raapi	ratory arre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OE): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL (PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. SENTE CLESSIFICA 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 1 YES 2 MO 1 YES 2 NO									
ICIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 225. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:									
PHYS	1 YES 2 NO	1 Inpatient 2 ER/Out		Nursing Hom	URY AT RK?		ner (Specify) ESCRIBE HOW II	NJURY OCC	URED	
ED BY	1 Returnal 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datermined datermined attending to the datermined attendi							outs Number,		
OMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated.									
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	AGN,	D		29c. LICENSE NUR		120			(Month, Day, Year)
31. DATE JURINOZI. 37, 1994 SAL REGISTRAR'S SIGNATURE										

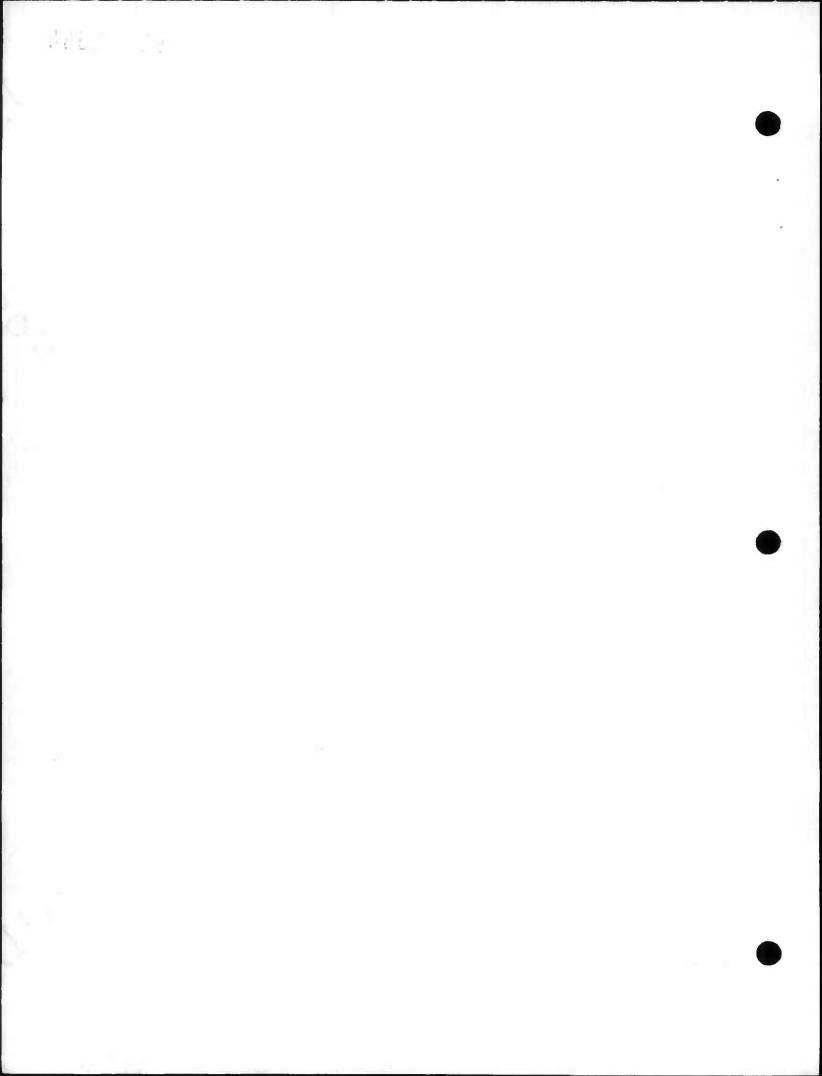
S. 121.3

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ital or attending physician. Of or use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE				
	1. OECEOENT'S NAME (First, Middle, Last)			Veal	2. DATE OF DEATH MONTH DAY 5 30	1994	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 437 – 26 – 6812		(In yrs. lest birthday) IF U	NOER 1 YEAR IF UNDER 24 HAS HS DAYS HOURS MIN.	7. DATE OF BIRTH	8. Birr Cour	THPLACE (State or Foreign may) Uisiana		
OR	9a. FACILITY NAME (If not institution, give 3819 Callaway		9b. (Balto	DEATH	9c. COUNTY OF	DEATH		
DIRECTOR	PESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Md	TY	10c. CITY, TOW	OWN OR LOCATION 10d. INSIDE CIT 10d. INSIDE CI					
FUNERAL (100. STREET AND NUMBER 3819 Callaway	Avenue		101. ZIP CODE Balto	11 YES 2 NO				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 X YES	2 NO	Balto USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify, Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 No Specify: 1 A RACE — American Indian, Black, White, etc. Specify: Black					
COMPLETED	1s. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1 2 t h	UCATION the completed) College (1-4 or 5+)	L OCCUPATION one during most of working ed.)	16b. KIND OF BUSI		100			
BE COM	17. FATHER'S NAME (First, Middle, Last) Gilbert Neal			16. MOTHER'S	NAME (First, Middle, Malden S e Mae Jen				
TO B	19a.INFORMANT'S NAME (Type/Print) Lillie B. Neal		195. MAILING ADDR	ness (Street and Number or Run Allaway Avent	nel Aoute Number, City or Town, ie Balto, Md	State, Zip Code) 21215			
	20a. METHOD OF DISPOSITION t	moval from State Cer	B. PLACE AND DATE OF DIS		1 1	ation – city or tonsvil	Town, State le, Md 21229		
	21. SIGNATURE OF FUNERAL SERVICE L	March		22. NAME AND ADDRESS OF March F/H		Ralto	Md 21215		
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory srrest, ehock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Due to (or as a consequence of): Due to (or as a consequence of):								
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 YOU 1 YES 2 NO								
SICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTI	26. PLACE OF DEATH	Check only one)				
PHYS	1 YES 2 NOT 27. MANNER OF OEATH	1 Inpatient 2 ER/Out 28s. OATE OF INJURY (Month, Day, Year)	patient 3 DOA 4 DOA 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE HOW IN	JURY OCCUREO			
TED BY	1 Natural 5 Pending Pending								
COMPLET		SICIAN: To the best of my know					o(s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		il tal	29c. LICENSE	39946		ED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DI	EATH (ITEM 27) Type, Print	2800	Kirk A	ve	balt, mp		
	31. DATE FILEO (Morith, Day, Year) JUN 2 2 1994	P. REGISTBAR'S SIGN	Pendale						



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

216-32-0183 M 2 M F 60 VRB. MONTHS AVER HOURS MRR. MONTHS AVER Feb. 14,1934 Bal 90. FRESIDENCE OF DECEDENT Se. COUNTY O'DE ODE OTHER SECONDARY O'DE OTHER 100. STREET AND NUMBER 100. COUNTY M. MONTHS MARKET MONTHS MARKET MONTHS MARKET MONTHS MARKET MONTHS MONTHS MARKET MARKET MONTHS MARKET		NEGIOTARI				LITTI	ICATE	. 01	DLAI	п	_	EG. NO.						
## SOURLE SCORE SOURCE SOU				C	0,1,2,0	100					MONTH	DAY						
The structure was a country of the c									24 MRS				NPLACE (State or Fore					
Se. PACILITY NAME (if not evaluations, pine aimed and number) Se. COUNTY OF DESCRIPTION Se. COUNTY O									1		(Month, Day	, Year)	Coun	itry)				
TRESIDENCE OF DECEDENT No. SITE No. COUNTY No. COU																		
Maintain Security										ON OF DE	EATN	100						
DOUGHTON MATERIAL STRIPS MATERIAL AND NAMED 10. WAS DECEMBERT ON NAMED 11. MAN DECEMBERT AND NAMED 11. MAN DECEMBERT AND NAMED 11. MAN DECEMBERT ON STREET 11. MAN DECEMBERT ON STREET ON STREET 11. MAN DECEMBERT ON STREET ON STREET 11. MAN DECEMBERT ON STREET ON STREET 11. MAN DECEMBERT ON STREET ON STREET ON STREET 11. MAN DECEMBERT ON STREET ON STREET ON STREET ON STREET 11. MAN DECEMBERT ON STREET ON STRE		526 R	ita Dr	cive			0	den	ton			An	ne A	rundel				
MG. Anne Arundel Odenton Mg. Anne Arundel Odenton 15. Was DECEMBER 19 15 Odenton Road 11. MANUAL STATUS 11. MANUAL STATUS 11. MANUAL STATUS 12. WAS DECEMBER TO REPAIR NO. U.S. ANABED 13. Was DECEMBER TO REPAIR NO. OR STREET AND NUMBER 13. Was DECEMBER TO REPAIR NO. OR STREET AND NUMBER 19 No. ANABED 14. MANUAL STATUS 15. Was DECEMBER TO REPAIR NO. OR STREET AND NUMBER 19 No. ANABED 16. SOCKODEN TO REPAIR NO. OR STREET AND NUMBER 19 No. ANABED 17. MANUAL STATUS 18. MANUAL STATUS 19. MANUAL STATUS 10. MANUAL	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 14dd INS									10d, INSIDE CITY								
15 Odenton Road 1.5 American						10217								LIMITS?				
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TYES 3(35/NO Speechy S								10				10g. C		WHAT COUNTRY?				
TYES 3(3) Specify Sp	_		ton Ro							_								
Specific			Married	FORCES?	1 YES 25	NO							- 14. RAC Blac	CE — American Indian ck, White, etc.				
19 19 19 19 19 19 19 19				IF YES, GIVE	WAR OR DATES			YES	XXNO	Specify	y:		Spe	owy: White				
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Pages 1, 2, 3 should permit. use as the burial-transit notified pe must examiner medical ō the an and completely fi to burial, cremation event, traumatic other 6 Injury, Health and any Shows has b. Dept. 23 6 the marked, with

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH MONTI 11:40A " 5501 Sr. A SOCIAL SECURITY NUMB 5. **SEX** 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (Stein HOURS 1 XM 2 - F 218-18-8922 YRS 69 01/07/25 Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Lansdowne 1 TYES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 2110 Alletta Avenue 21227 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or Noif yee, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WW2 white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 0-8th laborer cemetery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE James O. Russell Mattie F. Carroll 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 Robert M. Russell 2110 Alletta Avenue Tansdowne, Maryland 21227
DOATEOFDISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20a. METHOD OF OISPOSITION
1 Burial 2 Cremation 3
4 December 5 Other Coope 20b. PLACE AND OATE OF DISPOSITION (Name of Metro Crematory

Metro Crematory 06/21/94 Catonsville, Maryland OF PURPAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home of Lansdowne Moan 2719 Hammonds Ferry Road 21227 23. PART I. Enter the disease Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death SEPTICEMIA disease or condition resulting in death) 6 DAYS HEPATIC PAILURE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause, Enter UNDERLYING HEPATITIS C CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 RRHOSIS OF THE 1 TES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 4 Nursi 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED MJURY 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town State) 6 Could not be datermined COMPLETED 4 Homicide 29s. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axa ation and/or investigation, in my opinion, death occured at the time, data and place, end dua to tha cause(a) and manner as stated 291 STORATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 19 042075 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSPITAL

M.O

32. REGISTRAR'S SIGNATURE

MANUEL JUN 2 3 1994 INTERNIST

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0000	with nours after death. Page 6 may be retained by the hospital or attending physician.	e burial-tran
BALTIMORE, MARYLAND 21215-0020	or attending	r use as the
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	TO THE HOSPITAL, TO THE WITH HYSDAM! The law requires that the death certificate be executed with thours after death. Page 6 may	TO THE FUNERAL DIPPOSED OF this conflicte has been signed by the attending physician and completely filled in by the funeral director, pare fined within 72 loans from the fine with an Mental Hunders enter to burial cremation, or removal	IMPORTANT: If Iem 28 is market, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CEHI	IFICAL	E OF	DEATH		REG. NO).			
0	1. DECEDENT'S NAME (First, Middle, Last)	Riemi					2. DAT		7 60 9	YEAR 1	E OF DEATH	
	4. SOCIAL SECURITY NUMBER 215463917		NGE (In yrs. last birth	day) IF UND	ER 1 YEAR	IF UNDER 24 HR	/0.0	OF BIRTH		BIRTHPLACE Country)	(State or Foreign	
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DIRECTOR	Baltimore RESIDENCE OF DECEDENT	VA	96. 01	a 17	M-04	DEATH	_	9c. COUNT	Y OF DEATH	50		
E C	10a. STATE 10b. COUNTY		100	CITY, TOWN	OR LOCAT	TION				10d Ib	ISIDE CITY	
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FUNERAL	6302 Bos	TON ST	<i>-</i> .		21224					10g. CITIZEN OF WHAT COUNTRY?		
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2	19a. INFORMANT'S NAME (Type/Print) TSABELL HU	TOHINSOL		27	SS (Street a	AWE	ral Route Num	AGO	n, State, Zip C	2Z2	K	
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S	1 TES 2 NO	1) Inpatient 2 ER	Outpatient 3 🗆 Do	DA 4 N		e 5 🗆 Resident	e 6 🗆 Oth	er (Specify)				
ву РН	27. MANNER OF DEATH 1 Chatural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 28b	TIME OF INJURY M		URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, Specify)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my I									anner sa stated.	
BE	296. SIGNATURE AND PITLE OF CONTIFIER		THE VE			29c. LICENSE I	NUMBER		29d. DATE:	SIGNED (Month,	Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH		F DEATH (ITEM 27)		MO	217	201			(,		
	31. DATE FILED (1977) 2 3 1994	REGISTRAR'S	SIGNATUBE		1							
	JUN 23 1994	John Dand	en-Rudon	-								

ALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	the state of the s
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR			CERTIF	CALE	OF L	EATH	REG. NO).		
	- 5	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY YEAR								ME OF DEATH		
	- 0										6:28 PM	
		4. SOCIAL SECURITY NUMBER			. last birthday)	IF UNDER 1	YEAR I	F UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLAC	E (State or Foreign
_	- 1	220-14-0194 1 X M 2 D F 68 YRS. MONTHS DAYS HOURS MIN. (Month, Day Year) Aug. 31,1925 May									land	
pinor		9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
20	E I	158 N. Ellwood Ave. Baltimore City										
1. 2,	5	RESIDENCE OF DECEDENT										
ges	DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY	r, town of	LOCATION	V .			10d.	INSIDE CITY LIMITS?
28	ō	Maryland			Ba	altim	ore (City				YES 2 NO
mae	AL.	10e. STREET AND NUMBER					Y-	P CODE		10g. CITIZE	N OF WHAT	COUNTRY?
isi L	ER	158 N. Ellwood Av	ve.				1	21224		U.S.A.		
or attending physician. r use as the burial-transit permit. Pages 1, 2, 3 should	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E			13. W			IIC ORIGIN? (Specify Ye		I. RACE — A	mericen Indien,
phys		1 Never Married 2 Merried	FORCES? 1 [Х]ио			y Cuben, Mexical NO Specify	n, Puerto Rican, etc.)		Black, Whit Specify:	te, etc.
ding the	ВУ	3 Widowed 4 Divorced	.,				20 2	M dboon			оросну.	WHite
be detached for use as at once.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18e.	DECEDENT'S	USUAL OC	CUPATION	4	16b. KIND OF BU	ISINESS/INDUS	STRY	
or u	Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 12	(Give kind of w life. Do NOT us	e retired.)	ring most o	or working				
bed .	4	8 yr's			Hee	Tri	mmer		Shoe	Facto	rv	
be detached for at once.	O	17. FATHER'S NAME (First, Middle, Last)					1	8. MOTNER'S NA	ME (First, Middle, Meide			
9										Va	nik	
5 should	BE	19e. INFORMANT'S NAME (Type/Print)				ADDRESS	Street and	Number or Rural F	Route Number, City or To	vn. Stata. Zio Co		
	2	Mrs. Margaret F	lutka			ne as			,,	The same of		
96 a		20e. METHOD OF DISPOSITION		20h. Pl A	CEANDDATEC			of	DATE 20c. L	OCATION — CIT	or Town S	itata
e 6 may ector, p must		1 X Buriel 2 Cremetion 3 Remo	oval from State	cemetery,	HOTTY or of	her pjecej	TOTA (Mairie	6/24/9	1 1	ddle R		
Page 6 al directo ner mu		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Davil I		sock,Jr.		AME AND	ADDRESS OF FA				
death. Pag tuneral dir f. examiner		D 1.0 11	raur L.		SUCK, Ur.				Balli	more,	MD Z	1214
ours after de to din by the fu or removal.		Yaul L. Ha	touch I	7		L	eonar	d J. Ru	uck, Inc.	5305 H	arfor	d Rd.
infilingate be executed with an applysician and completely filled prior to burial, cremation, other traumatic event, the	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente resulting in death) LAST	DUE TO (OR	AS A CON	SM ISEGUENCE OF	·):	:11	(gNCe				Onset end Death
tal Hy	<u> </u>		l									
the atter Mental Miury, o		PART II. Other aignificent condition	contributing to de	eth but no	ot resulting i	n the unc	erlying c	ause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WER	E AUTOPSY FINDINGS
requires that the deal een signed by the attribute of Health and Mental shows any Injury,	EDICAL	ISCHAMIC NEAT OISEASS PERFORMED? AMAILBLE PRI COMPLETION OF DEATHS								LABLE PRIOR TO PLETION DF CAUSE		
res ign ealt									1 YES	2 LIKNO		EATH?
has been so Dept. of H	Σ	DID TORACCO LISE (CONTRIBUTE	70 64	LICE OF	DEAT	1 VEC	- NO	_		'"	YES 2 NO
has Dept	AN	DID TOBACCO USE C	CHIKIBUTE	O CA	USE OF	DEATI		E OF DEATH (Chi				
item 23	PHYSICIAN:	EXAMINER?	HOSPITAL:	200.1-11		OTHER						
the the	ž	27. MANNER OF DEATN	1 Inputient 2 EF		28b. TIM		8c. INJUR	7.5	8 Other (Specify)	WILLIAM COOK		
OH ATTENDING PHYSICIAN: The law requipilities. After this certificate has been shours after death with the State Dept. of Hem 28 is marked, or item 23 show	ву Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,			URY	WORK		28d. DESCRIBE NOW	INJURY OCCUI	RED	
OH ALLENDING DIRECTOR: After hours after death Item 28 is ma	8	3 Suicide 8 Could not be determined	28e. PLACE OF IN- building, etc.	IJURY — A . (Specify)	I home, ferm, s	treel, fecto	ry, office		28f. LOCATION (Street City or Town, State		Rural Route I	Vumber,
DIRECT POURS HOURS	Ë	29e. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the heat of our	knowledge	doub conver	-0 -0 1b - 01-						
	COMPLET	(Check only one) 2 MEDICAL EXAMINE										manner en et-te-d
A HOST	8					., ., ., .,					,4040(5) 6110	mention of states.
ID THE HUSPITAL ID THE FUNERAL WITHIN 72 MPORTANT: II	BE	29b. SIGNATURE AND TITLE OF CERTIFIER		1			2	9c. LICENSE NUN		. 1	SIGNED (Mont	4
5 8 3 E	6) Mush			L(J,			03840	27	6	21/94	
Al			COMPLETED CAUSE	OF DEATH (TEM 27) (Type,		11		10 -			
		4940	= 2AST(1)	V	Mue	- (24 IT	mure,	110 2	1554.		
		JUN 2 3 1994	DE REDIGIRANS	PIGNATUR	5	,						
		JUN 2 3 1354 ()										

BOX 68760, BALTIMORE, MARYLAND 21215-0020
sate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.
Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	De3	nding	Hygi	0 10
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

2. DATE OF DEATH

	REGISTRAN		CE	RHE	CALE	r DEAI	п	REG.	NO.		
	Josephine Delores Rodeheaver 2. Date of Death June 18, 1994 3. TIME OF DEATH June 18, 1994									3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-22-7982	5. SEX 6. /	AGE (In yrs. lest		IF UNDER 1 YEAR		24 HRS. MIN.	Oct. 15	1	6. BIRTHP	Maryland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	N OR LOCATION	ON OF DEA			INTY OF OE	
DIRECTOR	5506 Plymouth Residence of Decement				Baltin			56. 555			
E C	10e. STATE 10b. COUNTY			t0c CITY	TOWN OR LO	CATION				1.	IOd. INSIDE CITY
	Maryland 100. STREET AND NUMBER					Baltir	_	City			LIMITS?
FUNERAL		Plymouth	Road			101. ZIP COOE		21214			States
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 XNO		It yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: 1 ☐ YES 2 ☑ NO Specify: 1 ☐ YES 2 ☑ NO Specify:					White, etc.
	15. DECEDENT'S EDUC	ATION	18e DEC	EDENT'S I	JSUAL OCCUP	TION		16P KIND O	BUSINESS/IN	DUCTON	WIII CC
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(G/v	e kind of wi	ork done durina	most of workin	g	IOD. KIND O	BOSINESS/IN	DOSTRI	
7	3	college (1-4 or 5+)		Hom	emaker			I			
0	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAM	IE (First, Middle, Mi	iden Sumeme)		
ш	A1	lexander l	Helstow	/ski			Vir	ncenta	(No	t Know	wn)
TO B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stre	et end Number	or Rural Ro	oute Number, City o	Town, State, Zi	p Code)	
F	Joan H. Whaley			5506	Plymo	uth Ro	oad	Baltimo	re, Ma	rylan	d 21214
;)	Joan H. Whaley 5506 Plymouth Road Baltimore, Maryland 21214 20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donstion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Camputary of other (Specify) A DATE Of Common State 20c. LOCATION — City or Town, State 4 Donstion 5 Other (Specify) White Marsh Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Milton	1 Knight	ln.		AND ADDRES			ard J.		
4 1	Multon	4. Knu	Wh	4		Harfo		load Ba	ltimor	e, Md	. 21214
	23. PART i. Enter the diseases, or cahock, or heart fallure. I	omplicetions that en let only one cause of	used the dee	th. Do no	ot enter the	node of dyi	ng, auch	as cerdiac or i	espiratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final		n . O.		0 0/	h					Onset and Death
	disease or condition resulting in deeth) e. Cauda CelPavel,										
_	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) e. Causla Reparel, Due to (or as a consequence or: Dabeli Wellis										
ē	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or Industry)										
CA											1,500
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEQU	MINGE ON					l		
											1
EDICAL	PART II. Other significant condition	contributing to dea	ith but not re	aulting In	the underly	ing ceuee g	iven in P	Part i. 24a. WA	S AN AUTOPSY RFORMED?	T. A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă								1 _ YE	S 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE C	ONITOIDILITE T	O CALIC	- OF	DEATH	VEC C	NO	_		1	☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL	ON INIBUTE I	O CAUSI	e Or			NO				
i i	EXAMINER?	HOSPITAL:	10-4		OTHER:	PLACE OF DE					
¥	27. MANNER OF DEATH	28e. DATE OF INJU		28b. TIME		NJURY AT		Other (Specify,		CHRED	
BY PHYSICIAN:	1 Natural 5 Pending	(Month, Day, Ye		INJU	RY	WORK? YES 2		200. DEGOMBE II	ow moon oc	CONED	
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN. building, etc.	JURY — At hom	e, term, at	reet, tectory, o	fice		281, LOCATION (S	reet and Numbe	r or Rural Roc	ute Number,
	4 Homicide determined	bullung, stc.	(Specify)					City or Town,	State)		
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: The best of my I	knowledge, deat	th occurred	d at the time, d	ete end piaca,	and due t	o the cause(a) and	manner as ata	ted.	
COMPLETED	one) 2 MEDICAL EXAMINER										end menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	14				29c. LICE	NSE NUME	BER	29d. DA1	E SIGNED (A	Aonth, Day, Year)
		- Jay	70.7			D 28	265:		•	6/2	8754.
2	30. NAME AND ADDRESS OF PERSON WHO Dr. Subramanian		D. S	27) (Type, 1	Print) Loch F	aven [31vd.	Balti	more.	Marv1	and
ŀ	31. DATE FILED (Month, Day, Year)				-				,	J *	
	JUN 2 3 1994 8	32. REGISTRAR'S	forder								

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BALTIMORE, MARYLAND 21215-0020	shours after death, Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MOSTHAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the second market. The burist after death with the State Dept. of Health and Mental Hygiene prior to burist, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGIST
1. DECEDENT
HELEN
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NORTH
10e. STATE
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10e. STREET
5922
11. MARITAL S
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAT	3. TIME OF DEATH
	HELEN GRA	CE	R	REICH		06 18		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		RTHPLACE (State or Foreign
	215-22-0220	1 M 2 XF	75 YRS.	MONTHS DAYS	HOURS MIN.	JUNE 22,	1918 M	ÄRYLAND
	9e. FACILITY NAME (If not institution, give str		, 0	9b. CITY, TOWN	OR LOCATION OF D	4	9c. COUNTY O	
DIRECTOR	NORTH ARUNDEL HOS	SPITAL ASSO	CIATION		BURNIE		77 Tares 100	A. COUNTY
Ĭ,	10e. STATE 10b. COUNTY		10c. C/1	Y, TOWN OR LOC	TION			10d. INSIDE CITY
ā	MARYLAND		BA	LTIMORE				LIMITS?
4	10e. STREET AND NUMBER			1	H. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	5922 EURITH AVENU				21206			USA
В	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes,		NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.) y:	В	ACE — Americen Indien, leck, White, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION COMPOSITE OF THE PROPERTY OF THE PROPERT	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTR	Υ
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u		lost of working			
AP.	9		HOU	SEWIFE			AT HOME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)	
BE (ROBERT	LEE	LARKINS		HELEN	Ε.	WOI	LF
70	190. INFORMANT'S NAME (Type/Print) LEE R. GRANER		715	GRIFFITH	and Number or Rural I ROAD GI	Route Number, City or Tow EN BURNIE,	n, State, Zip Code) MD 210	061
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (lame of	DATE 20c. LO	CATION — City or	r Town, State
8 1	4 Departion 5 Other (Specify)	KITE AND THE PARTY.	"GARDENS"			6/22/94 BA	LTIMORE	, MD.
	Sohn Ex	JOHN E.	DØLAN	²² L E 01 530	IARD J. R HARFORD	ÜCK INC. ROAD BALT	IMORE,	MD. 21214
	23. PART i. Enter the diseasea, Dr c ahock, pr heert feliure. I	omplicatione that cau	sed the death. Do	not enter the n	ode of dying, suc	h sa cerdlec or resp	iratory erreet,	Approximete
	iMMEDIATE CAUSE (Fine)	let Dnly Dne ceuse D	n eech line.					Intervel Between Onset and Death
		Cardia	mann	S.A. A.C	ro.ct			
	resulting in death)	DUE TO (OR /	A CONSEQUENCE C	OF):	40 31			
_	<u> </u>	Due to con a	10 00	(1th 0	010			j
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE C	NF):				
¥	cause. Enter UNDERLYING							
표	CAUSE (Disease or injury that initieted events	DUE TO (OR A	AS A CONSEQUENCE O	F):				
E	resulting in death) LAST							
2								
DICAL	PART ii. Other eignificent conditions	contributing to deat	h but not reculting	In the underly	ng ceuse given in	Pert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
8						1 YES 2		COMPLETION DF CAUSE OF DEATH?
ME							/ \	1 YES 2 NO
7								
IAI	25. WAS CASE REFERRED TO MEDICAL	1		26.	PLACE OF DEATH (C)	neck only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0	Outpetient 3 10 DOA	OTHER:	me 5 🗆 Reeldence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJU	RY 26b. TII	AE OF 28c, II	JURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 Netural 5 Pending	(Month, Day, Yee	IN		YES 2 NO			
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ	URY — At home, farm,			28t. LOCATION (Street	and Number or Rus	cel Boute Mumber
8	4 Homicide B Could not be	building, etc. (3	Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State;		arround regress,
COMPLET	29e. CERTIFIER					L		
Ā I	(Check only	CIAN: To the best of my ke						
8			mion and/or investigati	on, in my opinion.	death occured at the	time, data and place, ar	id due to the ceu	ee(a) and manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	A .	0		29c. LICENSE NU			NED (Month, Day, Year)
5	Carlo wall		mino		D3103	2-5	6/2	094
-	30. NAME AND ADDRESS OF PERSON WHO				TMODE W	ADVI AND OT	212	*
	CARLA ROSENTHAL,		-	ANE/BALI	IMUKE, MA	AKILAND 21	413	
	JUN 2 3 1994	32. REGISTRAR'S S						
	JUN DU 100 1		1 1					

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3. TIME OF DEATH 2:00 P 8. BIRTHPLACE (State or Foreign Maryland

Approximata Interval Between **Onset and Death** Days

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

J. I. Levine.

31. DATE FILED (Month, Day, Year) ILIN 2 3 1994

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	SITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Ĉ
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	THELMA M.	SHEPARD							Jun	e 12.	1994		2:00 P
	4. SOCIAL SECURITY NUMBER	5. SEX		. lest birthdey)	IF UNDE	DAYS	IF UNDER	1 24 HRS.	Month	OF BIRTH	1001	B. BIRTHPL Country)	ACE (State or Foreig
	216-14-0667	1 M 2 D F	73	YRS.						26,		Marry.	
0"	Sa. FACILITY NAME (If not institution, give							ON OF DEAT	Ή		9c. COUNT		TH
5	Howard County G	eneral Ho	specae		1 6	lumb	ia				HO	war.d.	
DIRECTOR	10e. STATE 10b. COUN	ITY		10c. CIT	ry, TOWN	OR LOCAT	ION					1	d. INSIDE CITY
5	Maryland Ho	ward		0	colun	ibia						1	LIMITS?
1	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CITIZI	EN OF WH	AT COUNTRY?
Ğ	10799 Hickory R	idge Road	Apt.	#105				2104	4		и	ISA	
LONEKAL	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S		13.	WAS DEC	ENDENT (OF HISPANIC	ORIGIN	7 (Specify	Yes or No 1	14. RACE -	- American Indian, Vhite, etc.
10	1 Never Married 2 Married 3 Widowed 4 🕅 Divorced		WAR OR DATES					Specify:	Puerto i	vicen, arc.)		Specify:	
													white
ון נ	15. DECEDENT'S EI (Specify only highest gra		16a	Give kind of life. Do NOT u	work done	during mos		ng	16b.	KIND OF B	USINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5								Dog	DEL	*	
COMPL	12 UTS 17. FATHER'S NAME (First, Middle, Last)	-		Broker				HER'S NAME			ul Esta	ue	
	Louis Pearlman						16. MOI						
i i	19a, INFORMANT'S NAME (Type/Print)			10h MAII INC	ADDRES	9 /Otmat a	and followed as			Rodn	OWN, State, Zip C	Do do l	
2	Barbara C. Demi	14.0											A.E.
	200. METHOD OF DISPOSITION	ng		CEAND DATE		_					uryland		
	1 Donation 5 Other (Specify)	movel from State	cametery Part	cremetory or of the company of the c	other place	i wa t	6	114/1	994				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- puri	unorce				SS OF FACIL			aurel.	MUL	grana
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pul	MONATY O (OR AS A CO	Embod HSEQUENCE O	lus PF):								Days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	C	O (OR AS A COR										
MEDICAL CE	PART II. Other eignificant conditi		death but n	ot resulting	In the u	nderlying) ceuse	given in Pr	irt I.		AN AUTOPSY ORMED?	N O	ERE AUTOPSY FINDI MILABLE PRIOR TO DMPLETION OF CAUS F DEATH?
ż	25. WAS CASE REFERRED TO MEDICAL					24 01	ACE OF F	SATH /Chao	-			1	YES 2 NO
2	EXAMINER? 1 ☐ YES 2 Å NO	HOSPITAL:	□ EB/Outpetles	4 2 D DOA	OTHE	R:		EATH (Checi					
0		28e. DATE O		28b. TIN	_	29c. INJ		esidence 8			V INJURY OCCU	IREO	
1 X	27. MANNER OF DEATH		Day, Year)	IN.	JURY	WO	RK?		-5. 524	OTHER TOO	T MOONT GOOD	,,,,,,	
E	1 Netural 5 Pending					-							
ED BY PHY		28s. PLACE	OF INJURY — A	t home, farm,	street, fac	tory, office		1		ATION (Street or Town, Sta	et and Number o	r Rural Rou	te Number,
ETED BY PHY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28s. PLACE building	f my knowledge	a, death occurr	red at the	time, data	and place	, and due to	the cau	or Town, Sta	nanner sa atatec	d.	(17/U) 77/SY
ED BY PHY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined 29s. CERTIFIER (Check only 1 Representation)	28a. PLACE building	f my knowledge	a, death occurr	red at the	time, data	and place	, and due to	the cau	or Town, Sta	nanner se stated	d. cause(s) s	1127U
MPLETED BY PHYSICIA	1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined 29s. CERTIFIER (Check only 1 Representation)	28s. PLACE building	f my knowledge	a, death occurr	red at the	time, data	and place	, and due to	the cau	or Town, Sta	nanner sa atatec	d.	77

11055 L. Patuxent Pkwy.

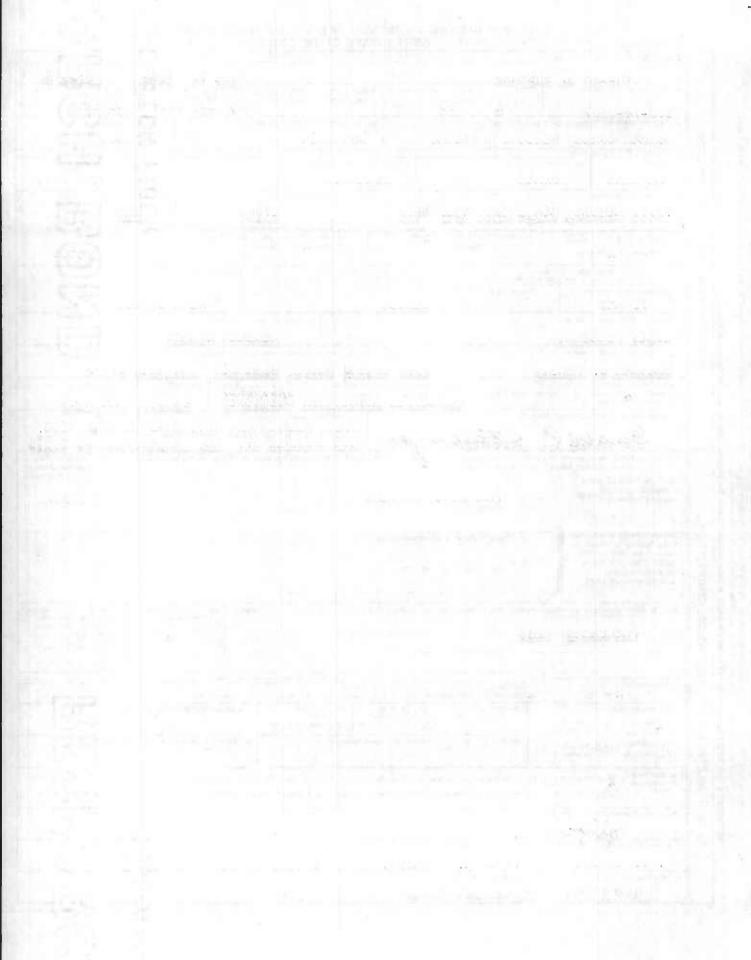
#104. Columbia

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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L.R.B.

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P.O.
RECORDS,
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the found of the foundation of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	****	3. TIME OF DEATH
Ш	ZETTA		SHEE	ידי		JUNE 20	1994	1538 pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		NPLACE (State or Foreign
		1 M 2 F	31 YRS.	MONTHS DAYS	HOURS MIN.	1-9-53	Ba	to. Md.
_	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN (OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
DIRECTOR	2723 NORTH CH	ARLES APT.	3-C	BALT	IMORE			
l iii	10e. STATE 10b. COUNT			TY, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
	Ma				Ва	ltimore		1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			WHAT COUNTRY?
삘		723 Charles	street /	Apt.3c			U.S.	.A.
<u>=</u>	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Years, Pueto Ricen, etc.)	s or No- 14. RAC	E — American Indian, ck, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specif		Spe	
ETED	15. DECEDENT'S EDU (Specify only highest grad		(Give kind of	S USUAL OCCUPATION WORK done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)				
COMPL	17. FATHER'S NAME (First, Middle, Last)			Cler	cial			
	The rather 3 NAME (First, Micure, Circl)	Wilbert	Phillips	;	18. MOTNER'S NA	ME (First, Middle, Maiden Mary	Andersor	
BE	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or Tow		
2	Mary Ander	·son		Chauncey		altimore,		
	20 METHOD OF DISPOSITION 1 D Buriel 2 D Cremetion 3 D Ren	20	b. PLACE AND DATE	EOF DISPOSITION (No		DATE 20c. LO	CATION — City or T	own, State
	4 Donation 5 Other (Specify)	1 1	metery, crematory or	Mr.	Zion	6-25 E	Balto. Mo	
	21. SEPONTURE OF FUNERAL SERVICE U	CENSEE		22. NAME A	ID ADDRESS OF FA	CILITY William	C. Brow	n Community
1	Haller III	/ Jonfel		F.H.	1206 W.	North Ave	. Balto	. Md. 21217
4	23. PART I. Enter the diseases for	Complications that cause List only one cause on	ed the death. Do	not entar the mo	da of dying, suc	h se cardiac or resp	iretory arrest,	Approximata
	IMMEDIATE CAUSE (Final	The state of the s		DESTATE				intarval Between Onset and Death
	disease or condition resulting in death)	ACQUIRED			INCY SY	NDROME		
		DUE TO (OR AS	A CONSEQUENCE	OF):				
CERTIFICATION	Sequantially list conditiona, if any, laading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):				
CA	cause. Entar UNDERLYING CAUSE (Disease or injury	c						
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):				
빙		d						
	PART il. Othar significant condition	na contributing to death	but not reaulting	in the underlying	g cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL						1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
M						- 400	PETTIL	1 TES 2 NO
N.	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF		ES NC	/ 4	I BUIN-	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)		
ξŁ	1√2 YES 2 □ NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Ou				6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	28b. TII	JURY WO	RK?	28d. DEŞCRIBE HOW I	INJURY OCCURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, term,			28t. LOCATION (Street	and Number or Rural	Boute Number
ETED	4 Homicide 8 Could not be determined	building, etc. (Sp.	ecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)		noon vaniou,
7	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kno	wledge, death occur	red at the time, date	end place, end due	to the cause(e) and ma	nner se stated	
COMPL	onel	ER: On the basis of examinati						e) end menner ee stated,
w II	296 MIGNATURE AND TITLE OF CONTIFIE	a. V .A			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
TO B	Want M	your			0.C.1	M.E.	•	
F	36. NAME AND ACTIONESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ				•	
	31. DATE FILED (Month, Day Jear)	with oly	111 Pe	nn Stre	et, Ba	ltimore,	Maryla	nd 21201
	JUN 2 3 1994	92, RECISTRAR'S SIG	Finance					

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BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH Marblich Spragg 21 7:30 P 6 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 2 - 22 - 1914 234-09-6371 1 🔀 M 2 🗌 F 80 YRS. West Virginia Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3400 E. Pratt Street Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 ST YES 2 NO permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3400 E. Pratt Street 21224 U.S.A. funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO t4. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 12 YES 2 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TES 2 NO Specify: SpecifWhite В 3[™] Widowed 4 □ Olvorced ED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify on COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12th Railroad Employee Canton Railroad once. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 7 Antonio Spragg BE Rosina Delimpo notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Antoinette DiMassimantonio 6804 Moyer Avenue Balto. Maryland 21234 ours after death. Page 6 may be Pe 20a. METHOD OF DISPOSITION
130 Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must sacred Htt. Of Jesus Cem. Baltimore, Maryland 4 Donation 5 Ottor (Specify) 21. SIGNATURE OFFUN the medical examiner RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph N. Zannino Jr. Funeral Home 00 263 S. Conkling Street Balto attending physician and completely filled in by the material Hygiene prior to burial, cremation, or removal. Md21224 23. PART 1. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory street, Approximate shock, or heart failure. Liet only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition resulting in desth) event, DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentielly list conditions. OUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate death certificate be ceuse. Enter UNDERLYING CAUSE (Disease or injury this certificate has been signed by the attending phy with the State Dent. of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? the MEDICAL WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO law requires that any COMPLETION DF CAUSE 1 🗌 YES 2 🗌 NO OF DEATH? 1 TYES 2 T NO jo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpetient 3 | DOA the : 0 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) after d 6 Could not be COMPLETED 4 Homicide Hem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as atated. TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE PHTSICIAN 9 9 ADDRESS OF PERSON, WHO/COMPLETED CAUSE OF OFATH (ITEM 27) (Type, Print) unt 90 Easteen tonio 31. DATE FILED (Month, Day, Year) 32. REGIS SIGNATURE

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Veronico Sister

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Helen

3. TIME OF DEATH

5 64

2. DATE OF DEATH DAY

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OF VITAL	ı
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		5. SEX	6. AGE (In yr.	s. last birthday)	JF UNDER 1 Y	EAR IF	F UNDER 24 HRS	7. DAT	E OF BIRTH	6.	BIRTHPLA	ACE (State or Foreign
	216-01-9556	1 M 2 X F	81	YRS.	MONTHS D		OURS MIN.	(Mo	pt. 10		Country)	ew Jersey
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	OWN OR L	LOCATION OF	_	p c . 10	9c. COUNTY		
NO.	9813 Magledt Ro	•			Carı	ney				Ba	altin	nore
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TV			V ====================================							
DIRECTOR	Maryland				Y, TOWN OR I							d. INSIDE CITY LIMITS?
ALD	10e. STREET AND NUMBER			B	altimo		P CODE					YES 2 NO
¥	3101 Pinewood A	VE					1234					T COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S	. ARMED	13 WM			ANIC ODIG	IN? (Specify Yes		S.A.	American Indian,
	1 Never Married 2 Married		YES 2		II ye	es, specify	y Cuben, Mex X NO Spe	can, Puarte		GINO- IN	Black, W	hita, etc.
ED BY	3 🔀 Widowed 4 🗌 Divorced					, , , , ,	CA IIIO Spo	suy.			Specify:	WHite
	15. DECEDENT'S ED (Specify only highest gre	de completed)	164	Give kind of	work done duri	JPATION ing most of	f working	.10	Sb. KIND OF BUS	SINESS/INDUS	TRY	
1	Elementary/Secondary (0-12) 8 yr s	College (1-4 or 5	+)	lile. Do NOT us	se retired.)							
COMPLEI	17. FATHER'S NAME (First, Middle, Last)	·		Cable	Dept.					rn Ele	ectri	c Co.
	Stanislaus		Koro	c		18		nica	, Middle, Maiden			a alud
18	19a. INFORMANT'S NAME (Type/Print)		KOLO		ACCRECE (C	Years and A			mber, City or Town		zewi	ескі
2	Miss Karen L. S	isler		Sa.	me as	#10	9813 N	laole	dt Rd	n, Stete, Zip Co	ode)	D. 21234
	20a. METHOD OF DISPOSITION		20b.PL	CE AND DATE						CATION — CIN		
	1 M Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)			, crematory or o			6/24/					Total Control
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE Paul	L. Harts	sock,Jr.		ME AND A	ADDRESS OF		Ralti	<u>altimo</u> more,	MD.	21214
	Denty Ho	ta-1 (2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	23. PART I. Enter the diseases, property fallows	complications the	t caused the	death Dru	Le	onar	of dulon or	RUCK,	Inc.	5305	Hart	
	shock, or haart failure	. List only one car	use Do each	Hee	int eliter file	e moua i	or dying, si	ich as ca	rdiac or respi	ratory arrest	τ,	Approximate Interval Batween
- 11			ase bil cacil	mna.								
Ì	IMMEDIATE CAUSE (Final disease or condition	a 4			ما مرا]						
		a. Colore	OR AS A CON		drove	sky (~ DS	mar)			
2	disease or condition resulting in death)	a. OUE TO			drove	scula	< 03	De se)			
NOI	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b		SEGUENCE O		scula	~ 0s	Rec				
ICALION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	b	OR AS A COR	NSEQUENCE OF	F):	scul	c 02	Roc				
ILLICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b	OR AS A CON	NSEQUENCE OF	F):	sede	~ DS	pe se)			
אוסוועטו וווואס	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	b	OR AS A COR	NSEQUENCE OF	F):	sede	~ 03	Rec)			
>	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	b. OUE TO	OR AS A CON	NSEQUENCE OF	F):		3		24a. WAS AN			Onset and Deat
O	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	b. OUE TO	OR AS A CON	NSEQUENCE OF	F):		3		24a, WAS AN PERFOR	MED?	CO	Oneet and Deat
EDICAL C	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	b. OUE TO	OR AS A CON	NSEQUENCE OF	F):		3		24a. WAS AN	MED?	AVA COF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETTON OF CAUSE DEATH?
: MEDICAL C	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	b. OUE TO	OR AS A CON	NSEQUENCE OF	F):		3		24a, WAS AN PERFOR	MED?	AVA COF	Onset and Deat
CIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions.	b	OR AS A CON	NSEQUENCE OF	F): In the under	rlying ca	3	n Part I.	24a, WAS AN PERFOR	MED?	AVA COF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETTON OF CAUSE DEATH?
JAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 \(\subseteq \text{NO} NO	b. DUE TO c. DUE TO d. DOB CONTRIBUTING TO HOSPITAL: 1 Inpatient 2	OR AS A COM	NSEQUENCE OF	In the under	rlying ca	ause given i	n Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	AVA COF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4. Jeus e at de 5 1 1 1 a 3 , pie

N.

3. TIME OF DEATH

n/a

CAROLINA

10d. INSIDE CITY

RACE — American Indian, Black, White, etc.

Specify: BLACK

1 YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS

AMILABLE PRIOR TO

1 TYES 2 NO

OF DEATH?

COMPLETION OF CAUSE

Interval Batween

Onset and Death

8. RIRTHPI ACE (State or Formion

REG. NO.

2. DATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

NLTIMORE, MARYLAND 21215-0020

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VISION OF VITAL RECORDS, P.O. BOX 68760	ATTERIORIC DUVELLIAM. The last sequippe that the death saviffents he seconds units
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18 1994 JUNE Stansburg 6. AGE (In yrs. lest birthday) Viola 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) AUG. 3, 1902 215-24-1899 1 M 2 XE 91 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH n/a DIRECTOR 1600 Mt. Royal Ave. BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE n/a permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1600 MT. ROYAL AVENUE apt.801 21217 UNITED STATES leath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 TYPES IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 X Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 () (O Specify: BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY College (1-4 or 5 +) laborer n/a Grade schoo 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) n/a n/a BE notified 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number: City or Town, State, Zip Code)
1600 MT. ROYAL AVENUE, BALTIMORE, MD#17 2 RAYMOND STANSBURY pe 20a METNOO OF DISPOSITION
14 Burlet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must ÄR BUTUS^{her}ME MORIAL PARK 4 Donation 5 Other (Specify) ARBUTUS, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. P rs after de n by the 1 removal. 1101 E. North Ave March F/H East medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, .⊆ ahock, or heart failura. List only one cause on each lina. 6 Filled IMMEDIATE CAUSE (Finel npletely fille cremation. the diseese or condition event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ephrosclerosis COL in and com to burial, perfensive traumatic CERTIFICATION Sequentielly list conditions. OR AS A CONSEQUENCE OF If any, leading to immediate physician prior cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 the atter Mental Injury, PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL by and MyelocyLo PUKEMIA any signed b 1 YES 2 NO shows a been . PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) certificate I item **EXAMINER?** HOSPITAL: 1 YES 2 70 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 100 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this t marked, Matural 5 Pending 1 YES 2 NO BY After 1 death Accident Investigation AL OR Alia.
DIRECTOR: After 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 66 8 Could not be COMPLETED 4 Homicide 28 tem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: est of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. OSPITA FUNERAL within 72 = ion end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. within MPORTANT: 29b. SIGNATURE AND OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, 8 0 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print)

REGISTRAR'S SIGNATU

Viola Stansbury

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BALTIMORE, MARYLAND 21215-0020

DINSION F VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OF THE TANKE THE TAN	

1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF H	EALTH AND DEATH		YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	. Thomaso	σ γ (2. DATE OF I	DEATH DAY	YEAR 630 A	
4. SOCIAL SECURITY NUMBER 212-74-3304		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E		8. BIRTHPLACE (State or Foreign MARY LAND	
9a. FACILITY NAME (If not institution, give BAYVIEW NU		nty of Death						
BAYVIEW NURSING HOME BALTIMORE CITY n. RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND n/a BALTIMORE								
100. STREET AND NUMBER 5505 BAYV		1.0	IZEN OF WHAT COUNTRY? I TED STATE					
10e. STREET AND NUMBER 5505 BAYVIEW BLVD. 11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced 101, ZIP CODE 21224 11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO IF YES X NO IF YES, GIVE WAR OR DATES 10 NO. STREET AND NUMBER 101, ZIP CODE 21224 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes) specify Cuben, Maxican, Puerto Rican, etc.)							14. RACE — American Indian, Black, White, etc. Specify: BLACK	
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	life, Do NOT use	rk done during mo retired.)	N st of working	16b. KIN	D OF BUSINESS/INC		
17. FATHER'S NAME (First, Middle, Last)		HOUSE	WIFE			n/a s, Meiden Surname)		
DRURY PASCH 190. INFORMANT'S NAME (Type/Print) EDITH PRIDG		19b. MAILING A	DDRESS (Street a	EMMA	JOHN Route Number, C	City or Town, State, Zip	ltimore,MD#	
20s. METHOD OF DISPOSITION Surriel 2 Cremetton 3 Rem 4 Donatton 5 Other (Specify)	20b. Pl	LACE AND DATE OF	DISPOSITION (Na	me of	DATE	20c. LOCATION — DUNDAL	City or Town, Slate	
21. SIGNATURE OF FUNERAL SERVICE LI		HOIRO					North Ave	
23. PART I. Enter the disease, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING	e. Due TO (OR AS A CO	Hononoseouence of:		mona			Approximete Interval Betwonset and D	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A Co	ONSEQUENCE OF):						
PART II. Other eignificant condition	ns contributing to death but	not resulting in	the underlying	j ceuse given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	eck only ons)			
1 TYES 2 NO	1 Inpetient 2 ER/Outpati	ent 3 DOA 4		e 5 ☐ Residence				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUS	M 1 1	RK? 'ES 2 NO	28d. DESCRIE	BE HOW INJURY OC	CURED	
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	- Al home, ferm, str	eet, factory, office			N (Street and Number wn, State)	or Rural Route Number,	
	SICIAN: To the best of my knowled ER: On the besis of examination a							
200 SIGNAPURE AND TITLE OF CERTIFIE	colho M			29c. LICENSE NU		29d, DAT	E SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, P	rint)	U-006	> / 1	1	0/21/17	
JUN 2 3 1994	THE PROPERTY OF STREET	Rudad			<u></u> -			

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or attending p	lid be detached for use as the burial-	
ours after death. Page 6 may be retained by the hospital or attending	detached for	
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age 6 may b	director, pag	
fter death. F	the funeral	emoval.
YOURS 3	tely filled in by the f	tion, or removal
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that the death certificate be executed	physician an	th and Mental Hygiene prior to burial, cremit
that the death certificate t	by the attending ph	Mental Hygie
that th	ed by ti	th and

BALTIMORE, MARYLAND 21215-0020

TAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDIGED TO THE FUNERAL DIRECTOR: A r cm. be filed within 72 hours after century. If item 28 is marked, or is MPORTANT; If item 28 is marked, or is		TO THE HOSPITAL OR ATTENDED FOR CLAM. THE law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: And the contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	be filed within 72 hours after de www that the bept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDIGE TO THE FUNERAL DIRECTOR: A r make find within 72 hours after the find within 17 hours after the find within 17 hours after the find within 17 hours after the find find 18 is marked, the find find 18 is marked, the find find find find find find find find	•	ANW	ş	S.	r ite
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TO THE HOSPITAL OR ATTE TO THE FUNERAL DIRECTOR be filed within 72 hours afte IMPORTANT: If item 28	•	ğ	4	or dea	1 S
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E		
	ECEDENT'S NAME (First, Middle, Last) MAGGIE I		WRIG			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
	OCIAL SECURITY NUMBER	ECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF MONTHS DAYS HOURS MIN. (Month).				7. DATE OF BIRTH (Month, Day, Year) 2-25-3	8. BIRT	HPLACE (State or Foreign try) M.D.	
9a. F	FACILITY NAME (If not inattration, give st. 513 CORDELIA A			BALTIN	R LOCATION OF DE		9c. COUNTY OF	DEATH	
	STATE 106. COUNTY	,	1.00	OWN OR LOCAT	ON	10d. INSIDE CITY LIMITS? 14 YES 2 NO			
₹ 10e.	STREET AND NUMBER 5013 CORDELIA	AVE		10f.	ZIP CODE 21215		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
_ _	MARITAL STATUS Never Married 2 X Married Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DEC	cify Cuban, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	Biad	E — American Indian, ck, White, atc.	
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use red CAFETER	done during mo: tired.)	N et of working		SINESS/INDUSTRY		
	STH SATHER'S NAME (First, Middle, Last)		CAPETER	IA WC	18. MOTHER'S NA	ANNE ME (First, Middle, Maiden ARY DAV	Sumame)	LCO SCHOOL	
19a.	INKNOWN INFORMANT'S NAME (Type/Print) JOYCE MCJAMER	RSON		CORDE	nd Number or Rural I	Ploute Number, City or Tow VE BAL	n, State, Zip Code)	21215	
% 4 □	METHOD OF DISPOSITION ABurlel 2 Cremation 3 Ramo Donation 5 Other (Specify)	oval from Stata cer	PLACE AND DATE OF D	PEL CH	EMETERY	62494 A	CATION — City of 1 NNE ARU	own, State NDEL CO M	
21. S	SIGNATURE OF FUNERAL SERVICE LIC	ensee Wan	لسعه	1.0	D ADDRESS OF FA	WEST 43	OO WABA	SH AVE	
iMM	PART i. Enter the diseases, or cahock, or heart fellure. I MEDIATE CAUSE (Finel ease or condition uiting in death)	Arteriosc	each line.					Approximate interval Between Onset and Death	
if as cou	Sequentieity list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PAR	PART iI. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MITRAL VALVE PROLAPSE 1 VES 2 NO							b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
₹ 25. W	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF I		ES NO		KI	1 TES 2 NO	
100	EXAMINER? 1 XYES 2 NO MANNER OF DEATH Netural 5 Pending	HOSPITAL: 1 Inpallant 2 ER/Oul 28a. DATE OF INJURY (Month, Day, Year)		28c. INJI	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED		
2 Accident Investigation 3 Suicide 8 Could not be datarmined 4 Homicide datarmined M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number of R								Route Number,	
298.		CIAN: To the best of my know						(a) and manner as stated.	
	SIGNATURE AND TITLE OF CERTIFIER	estem			O, C.M			D (Month, Day, Year)	
J .	DATE FILED (Month Day Year)		111 Penn		et, Bal	timore,	Marylan	d 21201	
J	JUN 2 3 1994 9	Se HEUSTAN'S SIGN	rus						

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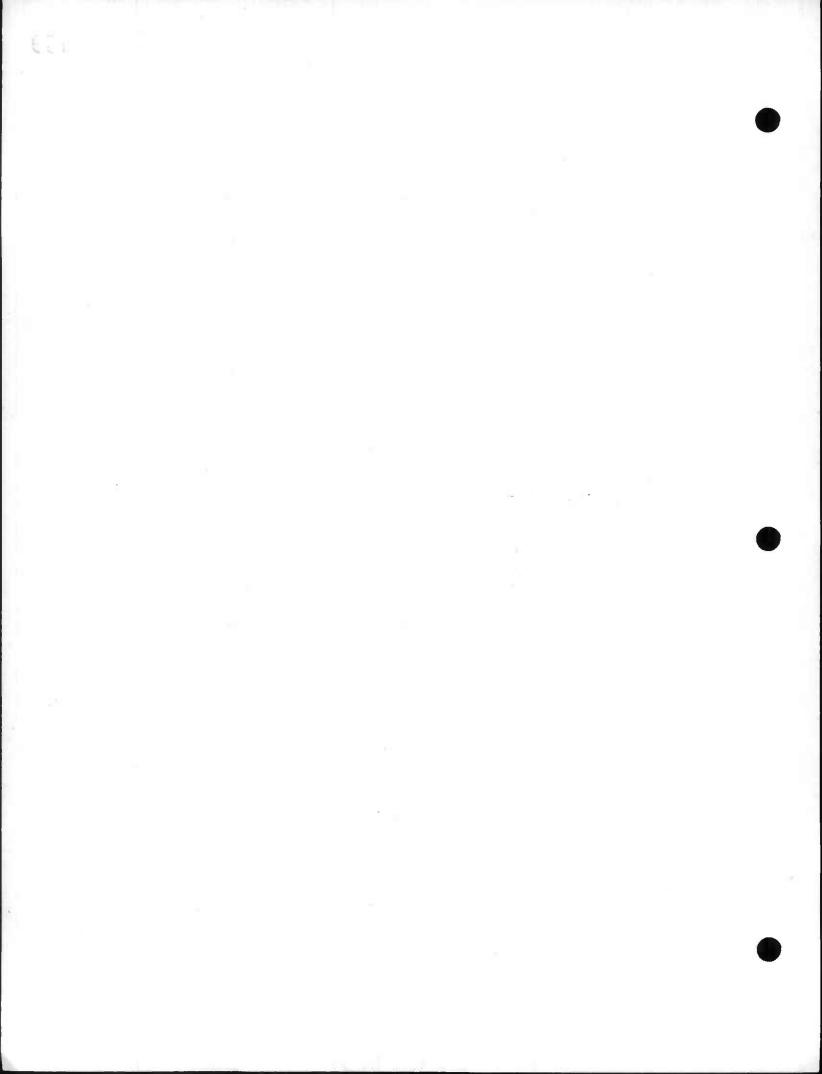
ITEMS: 23 PART I,27 PER MEO G-713 7/6/94 reb

	_	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE				DEAT		MENTA	REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last) BARBARA				WHI	TTL	Æ		2. DATE MONT	OF DEATH	o.	YEAR	3. TIME OF DEA 10:30	тн Ри
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	• • •	IF UNDER		IF UNDER		7. DATE	OF BIRTH			LACE (State or f	
pinc		214-62-8783 9e. FACILITY NAME (If not institution, give st	1 M 2 F	37	YRS.			HOURS	MIN.	11	1-5-56		Balti	more,	Md.
2, 3 should	CTOR	2108 McCULLOH	· ·					OR LOCATION				9c. COUNT	Y OF DEA	ATH	
	ECT	RESIDENCE OF DECEDENT 108. STATE Maryland 10b. COUNTY			10c. CIT								T	10d. INSIDE CIT	γ
nit. Pages	DIRE					Ba 1	timo	re						X LIMITS?	
n. ansit permit.	IERAL	100. STREET AND NUMBER 2108	McCulloh	St.			101	ZIP COD	21	217		10g. CITIZE	U.S.	A .	
5-0020 nding physician. as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced		T EVER IN U.S. ARN YES 2 X NO MAR OR DATES			If yes, sp		n, Mexice	n, Puerto	I? (Specify Yee Rican, atc.)	or No- 1	4. RACE - Black, Specify:	American Ind White, etc.	len,
D 2121 spital or atte ed for use a	APLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DEC (Gh ilfe.	CEDENT'S USUAL OCCUPATION with kind of working on the control of t										
ALA be det	BE COMP		John Cli	fton Hic						Emn	widdle, Maiden la Jear	Walk			
Page 6 may be retained all director, page 5 should ner must be notified	2	190. INFORMANT'S NAME (Type/Print) Thurston				Deac					re, Mo		215		
MORE pe 6 may rector, pa		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Hammed 4 Donalion 5 Other (Specify)		20b. PLACE A	ND DATE	ther place	tar			6-2	5 Bal	cation — ci	e, M	ld.	
SALI r death. re funera al. exami		21. SIGNATUBIE OS POMERAL SERVICE LIC	ENSEE /	rell		22. F.	NAME AN	1206	SS OF FA	Nort	lliam h Ave,	C. Br	own	Commun	ity . 17
ely filled in by Ination, or remo		23. PART I. Enter the diseases, or conduct, or heert failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	FATTY	use on each line.			the mo	de of dy	ing, suci	as cen	flec or respi	ratory arres	st,	Approxin Interval E Onset an	nela Between
5, P.O. BOX 68/60, death certificate be executed with a strending physician and complet ental Hygiene prior to burial, crening, or other traumatic event	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		(OR AS A CONSEQUENCE OR AS									_		
he death ce the attendi Mental Hy nlury, or	CER	resulting in death) LAST	l											-	
that the ed by the th and M any Inju	EDICAL	PART II. Other significent condition	e contributing to	ontributing to deeth but not resulting in the underlyin				PERF		24a. WAS AN PERFOR	MED?	6	WERE AUTOPSY I	TO	
Sh of	Σ	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEA	ГН Ү	ES 🔲	NO				'	YES 2	NO
N: The law icate has the State Dept Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	22.101 -2		OTHE		ACE OF O	EATH (Che	ock anly or	ne)				
SICIAN: The Certificate on the State	PHYS	1 NYES 2 NO 27, MANNER OF DEATH	26e. DATE OF		286. TIR	AE OF	sing Hom 28c. INJ	URY AT	eldence		r (Specify) CRIBE HOW II	NJURY OCCU	RED		
DING PHYS After this death with	ВУ Р	↑(X) Natural 5 Pending 2 Accident Investigation	(Month, E	Day, Year)	IN.	JURY M		PRK? YES 2	NO						
TTENDI TTOR: A after de	B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE 0 building,	OF INJURY — At hon etc. (Specify)	ne, farm,	street, fec	lory, office	•		28f. LOC City	ATION (Street of or Town, State)	and Number o	r Rural Roi	ute Number,	
4 4 2 H	COMPLET			AN: To the best of my knowledge, death occurred at the time, da : On the beele of examination end/or investigation, in my opinion,										end menner se	stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	BE C	296. SEMATURE AND TITLE OF CERTIFIER							NSE NUM					Month, Day, Year	
6 5 3 M	TO B	30. NAME AND ADDRESS OF PERSON WHO	SE DE DEATH STEE	270 /5	Delust.		0.0	Т.М.	E. JUNE 21, 1994						
		MARGORION P	1. KORE	Tum.			St	ree	t, E	alt	imore	, Ma:	ryla	and 21	201
		31. DATE FILED (Month, Day, Year) JUN 2 3 1994		AR'S SIGNATURE	٢										

Ulia li . (3. -

TO THE HOSPITAL OR ATTENDING PRYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP	TO THE FUNE be filed within	IMPORTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF C	DEATH	YEAR	3. TIME OF DEATH			
	MARGARET E	. WOLF				MONTH DAY			3:10 A		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		6. BIRTH	IPLACE (State or Foreign		
	212-34-8913	1 M 2 F E	59 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, De	1612	Countr	γ)		
	9a. FACILITY NAME (If not institution, give st	reet and number)	96	. CITY, TOWN OF	LOCATION OF DI	EATH		OUNTY OF O	EATH		
DIRECTOR	UNIV. OF MARYLAND	CANCER CENTE	n	BATIM	we.						
<u>ي</u>	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION	ON				10d. INSIDE CITY		
5	MD Baltim	ore	Cate	onsvill	е			LIMITS? 1 ☐ YES 2 (¾ NO			
AL	104. STREET AND NUMBER			101.	ZIP CDOE	10g. 0	10g. CITIZEN OF WHAT COUNTRY?				
띮	407 Rockway Road			21228	U.	U.S.A.					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			NDENT OF HISPAI			- 14. RACE	14. RACE — American Indian, Black, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 XNO Specif		, •,		Specify:		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	IAL OCCUPATION	u	10h WIN	D OF BUSINESS/	INC. IS TRY	white		
COMPLETED	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during most	of working	100. KIN	D OF BUSINESS	INDUSTRY			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake	r		S.	elf				
8	17. FATHER'S NAME (First, Middle, Last)		Homenate		18. MOTHER'S NA			e)			
	Dominic DiCarlo				Cather	ine Voc	ıler				
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an	d Number or Rural			Zip Code)			
잍	Thomas L. Wolf		407 Roc	ckway R	oad, Cat	tonsvil	le, MD	2122	28		
	20s. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Ramo		PLACEANDDATEOFD		ne of	DATE	20c. LOCATION	— City or To	wn, Stata		
	4 Donation 5 Other (Specify)	Me Me	etery, cremetory or other tro Crema	tory, I	nc.	6/22	Catons	ville,	MD		
	31. INDIVITURE OF PUNERBL BERINGE LIC	ENSEE		22. NAME AND	ADDRESS OF FA	ciuty Amb			. Home, Inc		
	to the state)qu_		1328 S	ulphur S	Spring	Rd., Ar	cbutus	, MD 21227		
	23. PART I. Enter the diseases, or o shock, or heart failure.		the death. Do not sch line.	enter the mod	e of dying, suc	h aa cardiac	or reapiratory	arreat,	Approximete Interval Betwee Onset and Deat		
	diagona or condition										
	resulting in death) a. METASTATIC BREAST CANCER DUE TO (OR AS A CONSEQUENCE OF):										
z											
음	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
ER	resolding in death) LAST	d							-		
AL C	PART ii. Other significent conditions	e contributing to death b	ut not resulting in t	he underlying	ceuee given in	Part i. 24s	. WAS AN AUTOPS	SY 24b	. WERE AUTOPSY FINDINGS		
<u>১</u>							PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
밀					- -	— ''	1 165 2 2 100		OF DEATH? 1 YES 2 NO		
≥ ;			*						To res 2 peno		
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (Ch	eck only one)					
is	EXAMINER?	HOSPITAL:		THER: Nursing Home	5 🗆 Rasidenca	a Other (Sp	ecify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF			28d. DESCRIE	BE HOW INJURY	OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	(, 23), (32)			ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, stree	et, factory, office		28f. LOCATIO City or To	N (Street and Num	ber or Rural F	Route Number,		
COMPLETED	4 Homicide datermined										
립		CIAN: To the best of my know	ledge, death occurred a	t the time, date a	and place, and due	to the cause(s) and manner as	atated.			
S	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, is	n my opinion, de	eth occured at the	time, data and	place, and dua to	o the cause(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Monitorial Control of C							(Month, Day, Year)			
BE	Kenneth Lin	MD					•	6/2	2/94		
임	30. NAME AND ADDRESS OF PERSON WHO							- 1	1		
	KENNETH LIN MI	UNIV.OF	MARTHAND !	DEPT. OF	MEDKINE	225.6	PERNE S	T. BAC	TIMORE MD		
	JUN 2 3 1994	32. REGISTRAR'S SIGN	ATURE				4	I			
	JUN 2 3 1334	man expression who									



BALTIMORE, MARYLAND 21215-0020

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TO THE HIGHMAN GETTING OF PHYSICIAN: The law requires that the death certificate be executed within the nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNE METHOD After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours of with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANE II item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S HAME (First VIRGINIA	, Middle, Last)			WIL	BON				2. DATE OF DEATH		YEAR 3.	TIME OF DEATH 9:25 am
1 8	4. SOCIAL SECURITY HUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	10	8. BIRTHPL	ACE (State or Foreign
1	236-38-1	462	1 🗆 M 2 💢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	20	Country	D.
	9e. FACILITY HAME (If not in		street and number)			9b. CITY	Y. TOWN (OR LOCATI	ON OF DE	ATH 17		TY OF DEAT	- y -
Œ											altimo		
DIRECTOR	RESIDENCE OF DECEDENT												
l m	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIG									d. INSIDE CITY			
ä	BATTO. ESSEX										LIMITS?		
AL										EH OF WHA	T COUNTRY?		
FUNERAL	6600	Riog	E RD.					21	237	1	1	1.5.	A.
S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AS	MED	13.	WAS DEC	EHDENT C	OF HISPAN	HC ORIGIN? (Specify Ye		4. RACE -	American Indian,
	1 Never Merried 2		FORCES?	MAR OR DATES	10			2 HO		n, Puerto Rican, etc.)		Black, W	Mite, etc.
ВУ	3 Widowed 4 Divo	proed						X				WA	ITE
ED	15. DEC (Specify onl)	EDEHT'S EDU	CATIOH completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	OH ost of workin	20	16b. KIND OF BU	SINESS/INDU	STRY	
<u> </u>	Elementary/Seconder (-	College (1-4 or 5	Elm.	Do NOT u	se retired.)	11		"9				
MP					101	MEM	HK.						
COMPLET	17. FATHER'S HAME (First, M	fiddle, Last)	1. 1)					18. MOT	HER'S NA	ME (First, Middle, Melden	Sumame)		
BE			DNKN	OWN						UNKN	OWN		
0	190. INFORMANT'S NAME (Type/Print)	. /		b. MAILING	ADDRES	S (Street	nd Number	or Rural F	Route Number, City or Tow	n, State, Zip C	Code)	A 207-7
	ARTHUR DI	MGFI	2 (ATTO	4	54	GH7	5	1 6	SUIT	E 510 B	ALTO	5. M	2. MADE
	20a. METHOD OF DISPOSIT 1 D Burlel 2 Crematic	ION on 3 ☐ Ram	oval from State	20b. PLACE	AHD DATE	PDISPOS	SITION (N	ame of		OATE 20c, LC	CATION — CI	ity or Town.	State //X-
	4 Donation Other	(Specify)		MEI	RO	1	MAL	OH	4-	1894 15	4110	0. 6	- MD
	21, SIGNATURE OF PUTERIA	IL SERVICE LI	CENSEE //	1	Λ	22.	NAME A	HD AD RE	SS OF FA	CILITY		21	1224
	Hin		1 XC	rella	Y#	18	Ka	174	EL	L. 2829	HUD	SON	ST
	23. PART1. Enter the d	iseases,	complications the	at caused the d	ath. Do	not antai	the mo	da of dv	Ing. auci	h as cardiac or reap	Iratory arres	st.	Approximate
	23. PART 1. Enter the d shock, or h		List only one car	use on each line).			CESTIL E			,		Interval Between
	IMMEDIATE CAUSE (Fir disease or condition		SEPSIS										Onsat and Death
	resulting in death)	7		(OR AS A CONSE	DUENCE O	in:							40 1110.3
_				,		. ,.							İ
CERTIFICATION	Sequantially list condit if any, leading to imme		OUE TO	(OR AS A CONSE	DUENCE O	F):						_	
3	cause. Entar UNDERLY CAUSE (Disease or Inju	ING	C.										
E	that initiated eventa		DUE TO	(OR AS A CONSE	OUENCE O	F):							
	resulting in death) LAS	" L	d										
	PART II. Other significa	ent condition	na contributing to	death but not a	esulting	In the m	nderiida	a cause i	alven In	Part I. 24a, WAS AN	Atmoney	0.65 146	ERE AUTOPSY FINDINGS
MEDICAL					oconing	iii tiic oi	, og , ym	g cause ;	Airen III	PERFO		A	AILABLE PRIOR TO
ā										1 YES .2	NO NO		DEATH?
	DID TODA CO	0 1105	COLUMN TO LOCATION OF THE PARTY									1	YES 2 NO
Z	DID TOBACCO		COMIKIBUII	O CAUS	SE OF	DEA	IH Y	ES [NO				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	U MEDICAL	HOSPITAL:	=7.2		OTHE		LACE OF D	EATH (Ch	eck only one)			
₹	1 TYES 2 THO		-	ER/Outpetient 3			_		esidence	8 Other (Specify)			
	27, MAHNER OF DEATH	Pending	28e. DATE OF (Month, L	Pay, Year)	28b. TIN	JURY	W.C	JURY AT ORK?	- N	28d. DESCRIBE HOW	INJURY OCCU	JRED	
B	2 Accident	Investigation	00 00 000			M		YES 2	_ но				
8		Could not be determined	building	OF INJURY At ho , etc. (Specify)	me, farm,	street, fac	tory, offic			28t. LOCATION (Street City or Town, State)		r Rural Rout	Number,
<u> </u>													
COMPLETED										to the cause(s) end ma			
Ó	2 MED	ICAL EXAMINI	ER: On the beals of e	examination end/or	Investigation	on, in my	opinion, o	death occur	red at the	time, date end placa, er	nd due to tha	ceuse(s) er	nd manner as stated.
BE (200 SIGNATURE AND TITLE	OF CERTIFIE	P D A A					29c. LICI	ENSE NUM	ABER	29d. DATE	SIGNED (M	onth, Day, Year)
10 B	1017631 16.16-44												
F	30. NAME AND ADDRESS OF BASHAR PH	F PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	27) (7)	Print)	TIMA	ORE	MD 4	21 236			
				THE	- 110	.,	- titat	or net	ITIM' (a i towar			
	31. DATE FILED (Month, Day, JUN 2	Year)	32. REGISTRA	AR'S SIGNATURE									
	JUN Z	ত কিছাৰ	d'alind	Sanden-Ra	ndall								

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BALTIMORE, MARYLAND 21215-0020 Раде 6 тау be ours after death. DIVISION OF VITAL RECORDS, P.O. BOX 68760 PHYSICIAN: The law DEPITAL OR ATTENDING

28

Steven

JUN 23 1994

31. DATE FILED (Month, Day, Year)

W

permit. burlal-transit the hospital or attending physician. page 5 should be detached for use as the H retained by notified pe must funeral director, examiner illed in by the removal medicai 0 cremation. the completery event, the attending physician and com traumatic other t 50 signed by the any Shows been : has be Dept. this certificate h 10 marked, DIRECTOR: After the hours after death vitem 28 is mart TO THE FUNERAL C be field within 72 h IMPORTANT. II II

Iteml 6-23-94 FilmG712 W.H.Per F/H

FOR Item: 7, per F.H. G-712 6/30/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Robert Patrick Wagner 3. TIME OF DEATH 4. SOCIAL SECURITY HUMBER Robert : 50 A M 6 94 7. DATE OF BIRTH
(Mogth, Day, Yaar) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS Maryland 1 K) M 2 | F 55 216-36-0375 1938 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hopkins Bayview Medical Center DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore. Baltimore 10s. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 7323 Stratton Way 21224 United States 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried
3 Divorced 1 YES 2 NO Specify spectly: White BY COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Steelworker Steel 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Adolph Wagner Rosalene Durkin BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 7323 Stratton Way, Baltimore, MD Bernice A. Wagner 20a, METHOD OF DISPOSITION
1 A Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Oak Lawn Cemetery June 22, 1994 Baltimore, MD 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE. 23. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. Brian T. Chisho 7922 Wise Avenue, Baltimore, MD 21222 23. PART I. Enter the disease of complications that coused the de ahock, or have failure. List only one couse on each line. of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Setween **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition ossible pulmaran embolus resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): material 1p CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, lesding to immediate cause. Enter UNDERLYING Insulin dependent deabetes mellitin CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? severe malnutition 1 TYES 2 NO Chronic BI bleed 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 25 NO Superient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 17 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Trans. State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end me (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 94008

6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4940 Fasten Jua 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89 wed by the hospital or attending physician. with the detached for use as the burial-transit permit. Pages 1, 2, 3 should

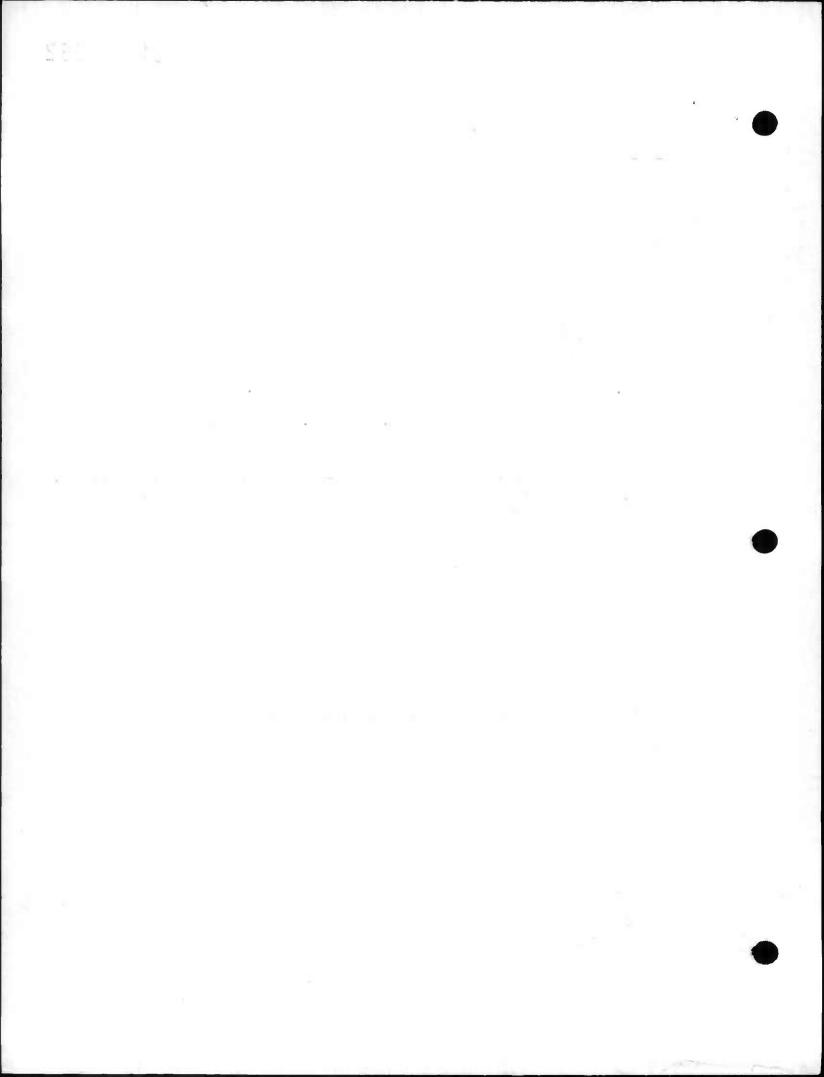
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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rtificate	g phys	iene pr	ther t
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requires	een sigi	. of Hea	shows
WE SW	has b	Dept	n 23
AN: Th	ficate	State	r iter
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NG PH	fter th	eath w	mark
TENOI	OR: A	fter d	8 18
JR AL)IRECT	DUIS a	em 2
TAL	RAL C	72 1	H
HOSP	FUNE	within	TANT
TO THE	TO THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN				IYGIENE REG. NO.			
7	1. DECEDENT'S NAME (First, Middle, Last)	AULINE J. WOLFF				2. DATE OF		994 YEAR	3. TIME OF DEATH	
	216-24-7503	5. SEX 8. AGE (In yrs. in 8.1	YRS. MONTH	B DAYB HO	UNDER 24 HRS. URS MIN.	7. DATE OF (Month, D) August	BIRTH 9. 79.22, 1	911 8. BIRT	HPLACE (State or Foreign Ennsylvania	
TOR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 80. COUNTY OF DEATH 80. COUNTY OF DEATH									
DIRECTOR	Maryland Balti	OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 7601 Riddle Avenue								what country? States	
В	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	RMED 1	If yes, specify Cuban, Mexican, Puerto Rican, etc.)			14. RAC Blee Spec	E — American Indian, ck, White, atc. city: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL. Give kind of work don DO NOT use retired [NSPECTO]	ne during most of working f.)			S/INDUSTRY	W. D. C. C.		
E COM	17. FATHER'S NAME (First, Middle, Last) Nelson S. Jones			18.			ie, Meiden Surne .holson	ne)		
TO B	190. INFORMANT'S NAME (Type/Print) Geneva Horton		317 S. Po					e, Zip Code) 21224		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Other (Specify) DATE DATE DATE DATE DATE DATE DATE DATE									
	21. SIGNATURE OF FUNERAL SERVICE LICE Brian T. Chisholm	All	2	ž name ang ar Duda≈Ru 1922 Wi	ck Fun se Ave	eral H	lome of Baltimo	Dunda re, MD	lk, Inc. 21222	
	23. PART I. Enter the diseases of co- shock, or hear failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on each lin	a.						Approximata interval Between Onset and Death	
CERTIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST CAUSE (Disease or injury that initiated events reaulting in death) LAST CAUSE (Disease or injury that initiated events reaulting in death) LAST									
MEDICAL C	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: M	DID TOBACCO USE CO	ONTRIBUTE TO CAU	SE OF DEA						1 TYES 2 NO	
PHYSICIAN:	EXAMINER?	HOSPITAL:	3 DOA 4 N		OF DEATH (Ch		pecify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?		28d. DESCRI	BE HOW INJUR	OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At h building, stc. (Specify)	M 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		AN: To the best of my knowledge, d							(s) and manner as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIER	et 1. 1	nan	^	LICENSE NUI	50	•	1.1:	D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO MELITUM.	TORNES, ME		S.	ELL	vood	AUG.	BAL	To, Mid 24	
	JUN 2 3 1994	32. REGISTRAR'S SIGNATURE	AL.							





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely niled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	event, the medical examiner must be notified at once.
TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the Inthin 20 hours after death with the State Dent of Health and Mental Hydiene prior to burial cremation on removal	ANT: if Iem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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Item1 6-23-94 FilmG712 W.h.Per F/H 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Louise LIA Ch 04 061155 6 14 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign -10-9307 1 M 2 F HOURS 213 79 VRS. 10-17-1914 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hopkins Bayview Medical Center Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 757 Fullbrook Road 21222 United States 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicon, Puerto Rican, atc.) 12. WAS OECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 X NO Specify: BY Specify: 3 💢 Widowed 4 🗌 Divorced White 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 years Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Harry Zamencki Joanna Szczublewski BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8265 Del Haven Road Dundalk, Maryland Joanne Traceu 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Holy Rosary Cemetery 6/20/94 Dundalk, Maryland 4 Donation 5 Dother (Specify) TL SIGNATURE OF FUNDAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Duda → Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel diseese or condition neumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially ilet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying couse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: tient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 1 Naturel 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide S Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end placa, and due to the cause(a) and menner ee stated. 2 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my optnion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER TO THE PL TO THE PL De filed w 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 10,1) Melds F 6 9 30.04AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Item1 6-24-94 FilmG712 W.H.per F/H

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-713 7/1/94 t.t.

112010	TRAR					HEALTH AND		. NO.			
1. DECEDENT	T'S NAME (First, Middle, Last)						2. DATE OF DEA	ATH DAY	YEAR 3. TIME OF DEATH		
	ld.I.d	lston-Wats		-Aust	in		June		94 0038		
	64-1666	5. SEX 6.	AGE (In yrs. les	71	THE DAYS	HOURS MIN.	7. DATE OF BIRT	9,1960	MARY LAND		
N .	NAME (If not Institution, give	street and number)		9b.	CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH		
2125 RESIDEN	Denison S					imore			n/a		
		n/a		10c, CITY, TO	//	IMORE		10d. INSIDE CIT C. LIMITS? 1 YES 2			
100. STREET 1808 11. MARITAL	N. CAROL	INE STR	EET,	101. ZIP CODE 21213				UNITED ST			
3 Widowe	STATUS Married 2 X Married ed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 X				an, Puerlo Rican, e				
,	15. DECEDENT'S EDI (Specify only highest grad	le completed)	(G	CEDENT'S USU	done durina i	TION nost of working	16b. KIND (OF BUSINESS/INDU	USTRY		
12	- 171	College (1-4 or 5+)		LABOR		The state of the s	НО	USEKEEF	EKEEPING		
KODE					_	16. MOTHER'S NA	E ALS				
ELOIS	SE ALSTON			b. MAILING ADI	N .	CAROLIN	Aoute Number, City E ST,	or Fown, State, Zip of BALTIN	MORE, MD 212		
20a METHOD 1/1 Burlal 4 Donatk	D OF DISPOSITION 2	noval from Stats		RISON			CEMET	ec. location — c	INGS MILLS,		
	RE OF FUNERAL SERVICE L	ICENSEE		1120011		AND ADDRESS OF FA			,		
	Time	the K.	An	w	WM.	C. MARC	H FH	1101	E. NORTH AV		
IMMEDIATI	I. Enter the discesses, or ahock, or heert fellure. E CAUSE (Finel r condition n death)	a. ACUTE N	ARCOTIC	INTOXIC		ode of dying, suc	ch ea cardiec or	reapiratory arre	Approximete Interval Betwee Onaat and Date		
if any, lead cause. Ent CAUSE (Di that initiate	ily liat conditions, ding to immediate ler UNDERLYING issease or Injury ed eventa n deeth) LAST	c	R AS A CONSE	,							
	ther desident condition	d.			2000						
	ther significent condition						P	MS AN AUTOPSY ERFORMED? (ES 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YSYES 2 \(\sum \) NO		
- 10	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
DID			Service Challe at	01	26. HER:	PLACE OF DEATH (C	neck only one)				
DID 25. WAS CASI EXAMINE		HOSPITAL:	1 X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 8 Other (Specify)								
DID 25. WAS CAS EXAMINE 1 (X) YES	ER? S 2 NO	1 - Inpatient 2 - E			200 1	ILION AT	28d. DESCRIBE HOW INJURY OCCURED WORK? UNKNOWN				
	ER? S 2 NO OF DEATH		JURY Year)	286. TIME OF FOUNDURY				HOW INJUHY OCCI	URED		
2 Acck	ER? 5 2 NO OF DEATH Intel Ident 8 XX Could not be	1 Inpatient 2 E 28a. DATE OF IN. (Month, Day, FOUND: 6-	JURY Year) -21-94 NJURY — At he c. (Specify)	28b. TIME OF FOUNDURY 11:00 P	M 1	YES 2XX NO	UNKNOWN 281. LOCATION (City or Town,	Street and Number of State)	or Rural Route Number,		
25. WAS CASI EXAMINE 1 X YES 27. MANNER 1 Netu 2 Acck 3 Suici 4 Hom	FR 2 NO OF DEATH Investigation Ident Iden	1 Inpatient 2 E 28a. DATE OF IN. (Month, Day, FOUND: 6- 28e. PLACE OF II building, etc.	JURY Year) -21-94 NJURY — At ho z. (Specify) FOUND:	29b. TIME OF FOUNDAMY 11:00 Pme, Isrm, stress RESIDENC	M 1 T	VORK? YES 2XX NO Ics te and place, and due	UNKNOWN 281. LOCATION (City or Town, 2125 DEN	Street and Number of State) I SON ST.	or Rurel Route Number, BALTIMORE, MD.		
2 Acck 3 Suici 4 Hom 29s. CERTIFII (Check or one)	FR 2 NO OF DEATH Investigation Ident Iden	28a. DATE OF IN. (Month, Day, FOUND: 6- 28e. PLACE OF II building, etc. SICIAN: To the best of my ER: On the basis of exam	JURY Year) -21-94 NJURY — At ho z. (Specify) FOUND:	29b. TIME OF FOUNDAMY 11:00 Pme, Isrm, stress RESIDENC	M 1 T	YORK? YES 2XXX NO Ica te and place, and dudesth occured at the	UNKNOWN 281. LOCATION (City or Town, 2125 DEN to the cause(a) are time, date and pla	Street and Number of State) I SON S1 . Indirect manner as state aca, and due to the	BALTIMORE, MD. d. cause(a) and manner as steted.		
2 Acck 3 Sulci 4 Hom 29s. CERTIFII (Check or one)	ER? 5 2 NO OF DEATH Intelligence of the property of the proper	28a. DATE OF IN. (Month, Day, FOUND: 6- 28e. PLACE OF II building, etc. SICIAN: To the best of my ER: On the basis of exam	JURY Year) -21-94 NJURY — At ho z. (Specify) FOUND:	29b. TIME OF FOUNDAMY 11:00 Pme, Isrm, stress RESIDENC	M 1 T	VORK? YES 2XX NO Ics te and place, and due	UNKNOWN 281. LOCATION (City or Town, 2125 DEN to the cause(s) ar time, date and pla MBER	Street and Number of State) I SON ST. Ind manner as state access, and due to the	or Rurel Route Number, BALTIMORE, MD.		

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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		ENTAL HYGIEN REG. NO.			
	-	1. DECEDENT'S NAME (First Middle, Last)	1ap. Ast	10L			DATE OF DEATH	0.19	3. TIME OF DEATH 4:05 A M	
9		4. SOCIAL SECURITY NUMBER 220—12—4436D		MONTHS DAYS HOURS MIN. (Month,			E OF BIRTH 1th, Day, Year) 21/1903 BRITHPLACE (State or Foreign Country) MARYLAND			
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s LEVINDALE	itreet and number)		96. CITY, TOWN O	R LOCATION OF DEA	TH	9c. COUNTY		
if. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	Y		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 ♥ YES 2 □ NO	
n. ansit permit.	IERAL	100. STREET AND NUMBER 6101 PARK HEIGHT	IS AVE., APT.	3-F	101	21215		USA	OF WHAT COUNTRY?	
215-0020 attending physician. use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	If yes, spe	ENDENT OF HISPANIC polity Cuben, Maxicen, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: WHITE	
D 21 pital or ed for a	PLETED	(Specify only highest grade completed) Elemegtary/Secondary (0-12) College (1-4 or 5+)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like, Do NOT use retired.) BOUSEWIFE.			16b. KIND OF BUSINESS/INDUSTRY AT HOME		
YLAND by the hospita be detached at once.	E COMPL	17. FATNER'S NAME (First, Middle, Last) CHARLES	DUBOIS			18. MOTHER'S NAME IDA	E (First, Middle, Maiden		LAN	
MAR retained 5 should notified	TO B6	198. INFORMANT'S NAME (Type/Print) MRS. BERNICE A. GO	OLDSTEIN			nd Number or Rural Ro	ite Number, City or Tow			
IMORE, Page 6 may be I director, page		28c. METHOD OF DISPOSITION 11-13 Buriel 2 Cremetion 3 Rem		PLACE AND DATE Of etery, crematory or other	F DISPOSITION (Na er place)	me of		CATION — City	RE, MD 21209	
ALTIN leath. Pag funeral dir xaminer		21. SIGNATURE OF EMERAL SERVICE LIC	CENSE	RLINGTON	SOL LE	DADDRESS OF FACILITY OF FACILI	BROS., IN	NC.		
nours after filled in by the fon, or remova the medical			List only one cause on ea	ich line.	ot enter the mo		na cardiac or reapi	ALTO.,	MD 21215 Approximate Interval Between Onset and Death	
OX 68760 be executed with sician and completely rior to burial, cremat traumatic event, it	NOIL	Sequentially list conditiona, if any, leeding to immediate	a. Respirato DUE TO (OR AS A CUNGESTE DUE TO (OR AS A	CONSEQUENCE OF)	are-	Jailer	•			
certificate ding physione p	RTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	. Hyperle	nsien			las di			
S, P death e atten Aental H	AL CEF	PART II. Other eignificent condition					ort I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
Signed Health	MEDICA						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO	
Law law	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Checi	k only one)			
F VIT.	YSI	1 - YES 2 - NO	HOSPITAL:		OTHER: 4 - Nursing Nom	e 5 🗆 Rasidence 6	Other (Specify)			
The state of	ву рну	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	RK? 'ES 2 NO	ed. DESCRIBE NOW I			
TTENDI TTOR: A after da	TED	3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Speci	— At home, ferm, atr	reet, factory, office		Ref. LOCATION (Street & City or Town, State)		Rural Route Number,	
4 4 2 E	COMPLI		ICIAN: To the best of my knowle						suse(s) and manner as stated.	
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	physican	<u></u>		D-44	817	29d. DATE SI	Me 20 1/1994	
		30. NAME AND ADDRESS OF PERSON WH SUNIL. P. RAJA	O COMPLETED CAUSE OF DE	34 (TYPE, F	J Be	levder	e. Av	el	1215	
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23 shows any Injury, or other traumatic event, the medical

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

cpreliber)

4 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Hen Ane, Raltimore

32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
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	HOSP	FUNE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH O Frances Irene Bowden 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Pa. 227-16-3241 1 M 2 F 76 18 9e. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 701 N. Arlington Ave. DIRECTOR Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 N. Arlington Ave. 21217 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried В Black 3 🔯 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Mary Bean BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Deborah Pullen 6930 Osborn Ave. Hammond, Ind. 46323 daughte: 20e_METHOD OF DISPOSITION
1 🖒 Burlel 2 🗆 Cremation 3 🗀 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 22 NAME AND ADDRESS OF FACILITY
Wainwright Funeral Home MITURE OF FUNERAL SERVICE LICENSEE M 2700 Edmondson Ave. Balto. Md. 2122 23. PART I. Enter the diseases, or complications that caused the death shock, or heart fellure. List pnly pne cause pn each line. Approximate interval Between **IMMEDIATE CAUSE (Final** Onset and Death hear disease or condition resulting in death) Lei here 21 CERTIFICATION Sequentially list conditione, TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 8
Other (Specify) 27. MANNER OF DEATH TO THE FUNETAL COLOR after death with the filed within 72 hours after death with the MPORTANT. If item 28 is marked, 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Routa Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated.

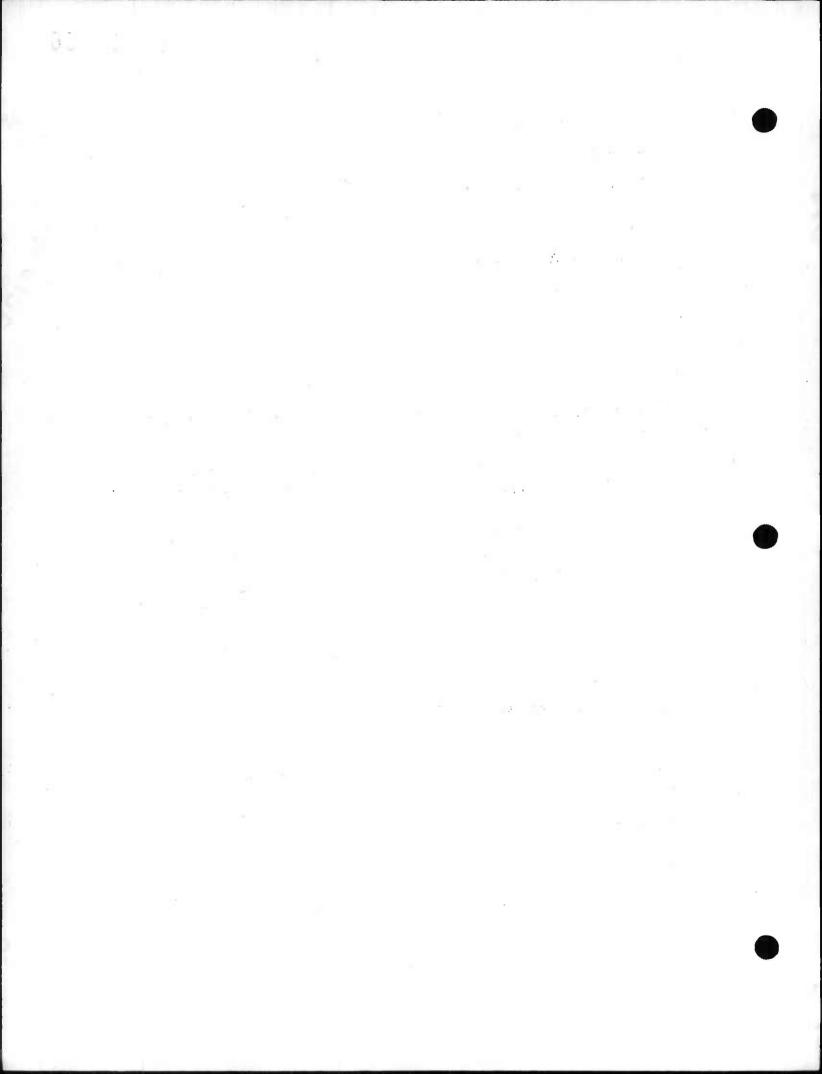
29c. LICENSE NUMBER

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29d. DATE SIGNED (Month, Day, Year)



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician.	ifter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fleed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or remain.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.
TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTISICATION	COMPANY NO CONTRACT IN COLUMN NO COL

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

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	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH			3. TIME OF DEATH AC
	Edward Bra	IT Golx	٠.				JUNE 3	20	1994	100
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA		4 HRS.	7. DATE OF BIRTH		S. BIRTNI	PLACE (State or Foreign
	406-56-7332 1XM20	F 51	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year) 4-23-194	13	Keni	tucky
	9e. FACILITY NAME (If not institution, give street end number			9b. CITY, YOW	N OR LOCATIO	N OF DE			UNTY OF DE	
OR	HARFORD MEMORIAL HOSPI	TAL		HAVE	E DE G	RACI	E	HA	RFORI)
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY								III OIG	
DIRECTOR	0.000			Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
	MARYLAND HARFORD		A	BERDEEN						1 YES 2 NO
RA			10f. ZIP CODE						HAT COUNTRY?	
FUNERAL	468 WALKER STREET		21001			U.S HC ORIGIN? (Specify Yee or No.— 14.				
	1 X Never Married 2 Married FORCES?	DENT EVER IN U.S. AR	MED	It yee,	specify Cuben.	, Maxicen	, Puerto Ricen, etc.)	or No —	14. RACE Black	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	E WAR OR DATES		1 1 7	ES 2 X NO	Specify:			Specif	BLACK
03	15. DECEDENT'S EDUCATION	16a. DE	CEDENT'S	USUAL OCCUP	TION		16b. KIND OF BUS	SINESS/IN	IDUSTRY	Danon
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of	HA-	tve kind of Do NOT u	work done during se retired.)	most of working					
4	12		TRUC	K DRIVE	R		SELF	-EMP	LOYEL)
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNI	ER'S NAM	E (First, Middle, Meiden	Sumame)		
BE	EDWARD BRAXTON, S	R.			A	NNIE	E WARE			
	19e. INFORMANT'S NAME (Type/Print)	198	. MAILING	ADDRESS (Stre			oute Number, City or Tow	n, State, Z	ip Code)	
2	ANNIE READY	3	08 B	ELLEMEA	DE. EV	ANS	ILLE, IN	4771	3	
	20a, METNOD OF DISPOSITION 1 X Burisi 2 Cremetion 3 Removal from State	20b.PLACE	AND DATE	OF DISPOSITION					- City or Tov	vn, State
	4 Donetion 5 Other (Specify)			ING CEM	ETERY	6-28	3+94 HOP	KINS	VILLE	. KY
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	large			AND ADDRESS		ILITY			
	+ Phillip Starte	MO055	0	STER	LING A	SHTC	N FUNERAL	HOM	E, IN	IC.
	23. PART i. Enter the diseases, or complications	that causad tha de	ath. Do	not enter the	noda of dvin	a. such	AVE., BAL	T LIMU	KE, M	D. ZIZZ8
	enock, or heart failure. List only one	cause on aach ilna						,	,	interval Batwear
	IMMEDIATE CAUSE (Final disease or condition resulting in death)									
ŀ	resulting in death) a	TO (OR AS A CONSEC								
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임	Sequantially list conditions, if sny, leading to immediate	TO (OR AS A CONSEC	DUENCE O	F):	0	- /-	2 1	- 12		
CERTIFICATION	if any, laading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
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	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS									
DICAL	PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE									
MED							1 YES 2	XNO		OF DEATH?
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AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DE	ATN (Cho	ck anty one)			
Sic	EXAMINER? 1 YES 2 NO 1 Chapatient	2 ER/Outpetient 3	□ noa	OTHER:			Other (Specify)			· · · · · · · · · · · · · · · · · · ·
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE	OF INJURY	26b. TIM	E OF 28c.	NJURY AT		28d. DESCRIBE NOW II	NJURY O	CCURED	
	1 Netural 5 Pending	h, Day, Year)	tN.		WORK7 YES 2					
ВУ	3 Suicide 26e. PLAG	E OF INJURY AI ho	me, term,	street, tectory, or	fice		261. LOCATION (Street of	and Numbe	or or Rural Re	oute Number,
<u> </u>	4 Homicide determined	Ing, etc. (Specify)					City or Town, State)			
<u>"</u>	29e. CERTIFIER	of my knowledge de	ath assume		950-50	-		_		=
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W	296. SIGNATURE AND TITLE OF CERTIFIER	e - 0	-	nen	29c. LICEN	ISE NUMI	BER	29d. DA	TE SIGNEO	(Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	Alige OF DEATH (TO	W 070 (T:	Dian		/		(194	14
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	31. DATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE		1	-/1				1000	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 Ϊ9 CHARLES JUNE 3:50P BROWN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS 218-48-2504 1 X M 2 - F YRS. 46 10/16/47 Virginia Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1030 STOCKTON STREET BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2215 Monticello Road the funeral director, page 5 should be detached for use as the burial-transit 21216 USA 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 AND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Divorced FORCES? 1 YES 2
IF YES, GIVE WAR DR DATES В 1 YES 2 NO Specify. Specify: **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12th <u>Maintenance Mechanic</u> Baltimore City Housing Auth 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme Charles Robert Brown, Sr. notified at Christine Jones 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, LaVera I. Mosby-Brown 735 N. Milton Ave. Baltimore, MD 21205 P 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Cemetery, crematory or other place) 06/21Baltimore, MD 21. SIGNATURE OF POPERAL SERVICE ASSENCE examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, Inc. George E. MacNabb 299 Frederick Rd. Baltimore 21228 MD medicai 23. PART i. Enter the diseasea, or complicatione that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, filled in by Approximata shock, or heert fellure. List only one ceuse on each line. interval Between ŏ **IMMEDIATE CAUSE (Final** Onset and Death the cremation, diseese or condition and completely for burial, cremation Macerebiel reaulting in death) traumatic event, DUE TO (DR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): 9 if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in death) LAST 0 Injury. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the PERFORMED? any YES 2 NO DE DEATH? WES 2 NO Deen . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | **PHYSICIAN**: has by Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DE DEATH (Check only one item certificate the State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 X Residence 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this Natural 5 Pending M 1 YES 2 ND BY After 1 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Sulcide 69 ETED. 8 Could not be DIRECTOR hours after 4 Homicide determined 200 item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL TO THE HOSPITAL ITO THE FUNERAL CIDE filed within 72 h MEDICAL EXAMINER: On ele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due 10 the ceuse(e) end menner ee stated AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 20/94 O.C.M.E. JUNE 2 DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

Lin Danien

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3. TIME OF DEATH

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7:00

10d, INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

MD 21228

Approximata interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 ☐ YES 2 ☐ NO

COMPLETION OF CAUSE

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

USA

Specify:

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50	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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TO BE COMPLETED BY FUNERAL DIRECTOR
MEDICAL CERTIFICATION

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PHYSICIAN:

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONT 06 žĩ Robert Jacob Brady 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 07717/09 DAYS HOURS 215-03-7444 1X M 2 | F 84 YRS Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bon Secours Extended Care Facility Ellicott City Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Catonsville 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2229 Pleasant Drive 21228 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION ecify only highest grade complet 16h KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 8th Clerical U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname William Franklin Brady Alice Sarah Gossage 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carol Gallagher 2229 Pleasant Drive Catonsville, MD 21228 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE detro Crematory, Inc. 4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 06/22 Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Dawn F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition___ ARDIODULMONARY reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): POPHARYNGEAL RIMAR Sequentially list conditiona, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): ると cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO OTHER 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY

28b. TIME OF 28c. INJURY AT WORK?

28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28a. PLACE OF INJURY — Al homa, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner es stated, 2 MEDICAL EXAMINER: On the beals of ex ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated.

29L SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

3917

29d. DATE SIGNED (Month, Day, Year) ▶ 06/21/94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

James Otto, M.D. 10298-B Baltimore National Pike, Ellicott City, MD 21042

31. DATE FILED (Month, Day, Year)

Natural

3 Suicide

4 Homicide

Accident

5 Pending

Investigation

8 Could not be

REGISTRAR'S SIGNATURE

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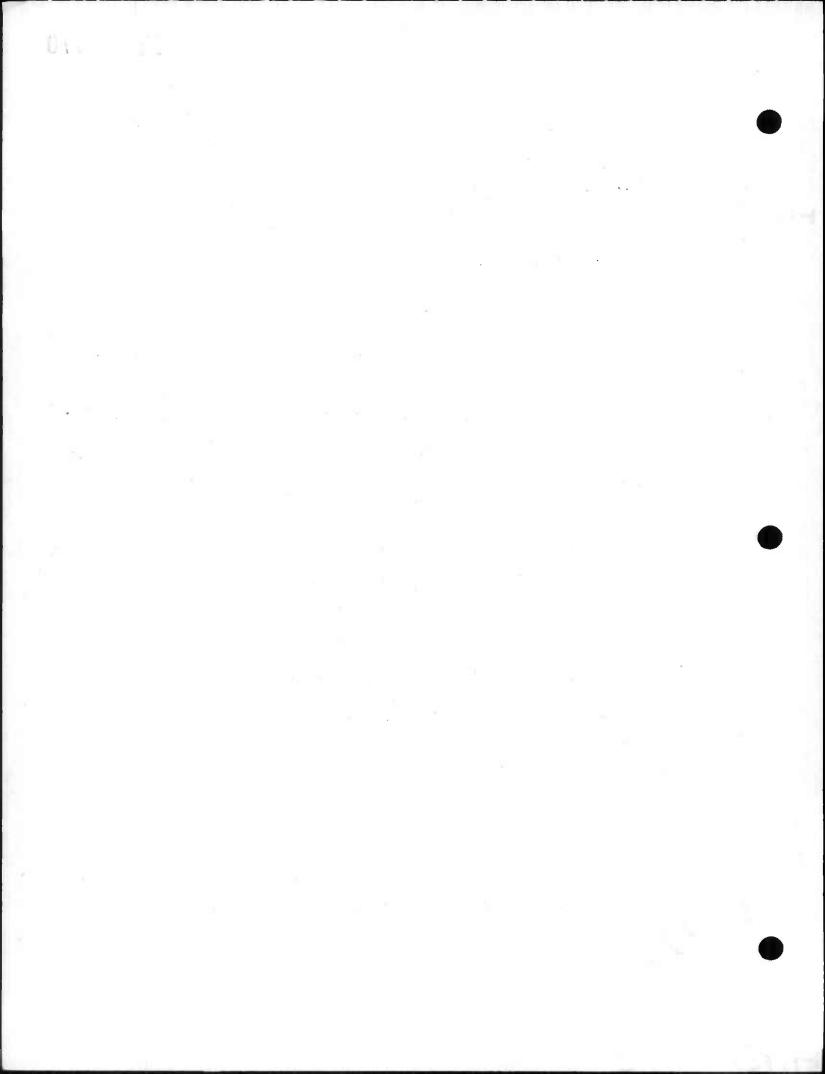
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 $|\mathcal{S}|+|$ DIVISION OF VIDA HECORDS, P.O. BOX 68760,

DR ATTENDING PHYSIAN THE LIMINGUIES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	NS OI	新報	MPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of	be filed within 72 hours after death wen	IMPORTANT: If item 28 is marked

FOR

	1 - STATE REGISTRAR	SIMIE UP MAI		FICAT	E OF	DEAT	H Vun i	WEN IAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATN		3	. TIME OF DEATH	
	ROBERT N C	DRVIN		BOWER	S			06 19	M	94EAR 08	8:45 PM M	
		5. SEX 6.	AGE (In yrs. last birthde		DAYS	IF UNDER		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHPLACE (State or Fore		
	216-28-6432	1X M 2 🗆 F	62 YRS	YRS. MONTHS		HOURS	MIN.	01-02-19	932 MAR		LAND	
	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY	, TOWN	R LOCATIO	N OF DE	ATN	9c. COL	INTY OF DEA	iTN	
OR	NORTH ARUNDEL HOS	PITAL ASSO	OCIATION	G:	LEN	BURNI	E			A.A. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT											
Ë		NE ARUN					IE				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER					. ZIP CODE			10- 017	1 TYES 2 1 NO		
IR.	412 MARLEY STAT	ION ROA	D				060		_	J.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV		13.	WAS DEC	ENDENT OF	F NISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 V	YES 2 NO		If yes, sp	2 FY NO	, Mexice	n, Puerlo Ricen, etc.)		Black, 1	White, etc. WHITE	
ВУ	3 Widowed 4 Divorced	KOREAN		2			ороону			орвону.	MILT II	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	18e. DECEDENT	of work done	during mo	ON st of working	,	16b. KINO OF BUS	INESS/IN	DUSTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	DRAFT	use retired.)				WROTT	NICII	OLI CIE		
M		NONE	DRAFT	SMAN				WESTI		JUSE		
8	17. FATNER'S NAME (First, Middle, Last) ROBERT F. BOWER	RS				16. MOTN E.S	ER'S NAI	ME (First, Middle, Meiden LE E .	Surname)	ILLIG	AN	
BE	19e. INFORMANT'S NAME (Type/Print)						200			111.0	01000	
2		BOWERS						N RD., GL			21060	
	20s, METNOD OF DISPOSITION		20b. PLACE AND DA		_			067 / 2 30c. LO				
	1 Buriel 2 Cremetion 3 Remov	al from State	MEADOWF	or other place	ME	MORT	ΛT.	1994 EL	KDTI	CF. M	INDVIAND	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	HENDOWI					OUTY STNGL	ETOI	J FIIN	ERAL HOME	
	18 NG	2/	1.	1	SE	COND	AV	ENUE, S.	M:		ERAL HOME	
\dashv	23. PART I. Enter the diseases of co	molications that ca	used the death D					, MARYLA		21061		
	snock, or neart failure. Li	at only one cause	on each line.	o not ontai	the mo	ua oi uyii	ig, auci	r as cardiac or reap	ratory at	resi,	Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	Carr									Onset and Death	
ł	resulting in death) a.	CARCA OUE TO (OR	AS A CONSEQUENCE	OF):							HONTIS	
z		FUPTUR	nome A	DELL	CARC	01/4	. 1	GOYT-UPP	50 /	1115	4542 502	
5	Sequentially list conditiona, if any, laading to immediata	DUE TO (OR	AS A CONSEQUENCE		W	PU	7	7097	L	036	10100	
S	CAUSE (Disease or Injury	MEMSTI	TOC TO	LUN	G -	LYX	PIT	NOVES -				
E	that initiated events resulting in death) LAST	Δ	AS A CONSEQUENCE	OF):		1	, 					
CERTIFICATION	d.		MCS-	15/24	Th	- 17	300	USMAC CA	VETY		-	
	PART ii. Other significant conditions	contributing to dea	th but not resultin	g in the u	nderiyin	cause g	ivan in i	Part i. 24a. WAS AN			PERE AUTOPSY FINDINGS	
MEDICAL	VARAPIEGEA	111 6	vsc- 11	ZAUM	- 1	05 1	9	PERFOR		c	MAILABLE PRIOR TO OMPLETION OF CAUSE	
Ę I	_ Consense OBS	TrueTus	Pucpus.	my	Des	54-55			110		F DEATN?	
	Harring Tasta	co USE	- PERPOIL	mac	E151	wh					0.33 10.33	
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL		ATN (Che	ck only one)				
Sic	e control of the state of the s	HOSPITAL: INDPInpatient 2 - ER	/Outpetient 3 DO/	OTHE:		e 5 🗆 Res	Idence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJU (Month, Day, Y		IME OF	28c. INJ WO	URY AT		28d. OEŞCRIBE HOW I	NJURY OC	CURED		
à I	1 Matural 5 Pending 2 Accident Investigation			М		/ES 2 🗌	NO			_		
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF IN building, atc.	JURY — At home, ferr (Specify)	n, street, fac	tory, offic			26f. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Rou	ite Number,	
<u> </u>		1										
릴								to the ceuse(e) end mer				
COMPLET	2 MEDICAL EXAMINER:	On the basis of exami	nation end/or investige	ition, in my	opinion, d	eath occure	d at the	time, date end place, sn	d due to t	he ceuse(s) e	nd manner as stated.	
H H	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUM	IBER	29d. DA	E SIGNED (A	fonth, Day, Year)	
0		ise				D	199	79/	16	5/21/	194	
-	DAVID ROSE, M.D./	200 HOCDT	F DEATH (ITEM 27) (7)	rpe, Print)	E 50	O/CI F	N DI	LIBNIE MAD	YI.AM	D 210	61	
				OULI	<u>.</u> JU	O) GPT	יוד דו	OKNIE, FIAK	TUMIN	D 210	V1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S										
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.TIMORE, MARYLAND 21215-0020	Page
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00	after
_	hours

DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law recovers that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been the by a stending physician and completely file be filed within 72 hours after death with the State Oese of Hostim any Memial Hygiene prior to burial, cremation, IMPORTANT: If item 28 is marked, or item 23 hours and many, or other traumatic event, the
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	1. DECEDENT'S NAME (First, M		m = 0	DBUT		ODCT C	D	2. DATE OF DEATH	Av 9ve	AR 06:37 AM
	HAROLD 4. SOCIAL SECURITY NUMBER		TIS 5. SEX	EDWI	yrs. last birthday)	SOPST, S	IF UNDER 24 HRS.	7. DATE OF BIRTH		
DIRECTOR	217-24-0721		1 ₹ M 2 □ F			MONTHS DAYS	HOURS MIN.	1 Month 4 Day 109 2	29 M	BIRTHPLACE (State or Foreig Country) ARYLAND
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
	NORTH ARUND	EL HO	SPITAL	ASSOC:	IATION	GLEN	BURNIE		Α.	A. COUNTI
	10e. STATE MARYLAND	10b. COUNTY	NE ARU	NDEL	10c. CIT	GLEN E				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	AIA	NE ARO	MDEL			Of. ZIP CODE		10a CITIZEN	1 VES 2 NO
FUNERAL	302 MILTON AVENUE 21061 U.S.A.									
FUS	1 Never Married 2 Married FORCES? 1 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)							s or No — 14.	14. RACE — American Indian, Black, White, etc. Specify: WHITE	
ВУ	3 Wildowed 4 Divorced 1951-1971									
ETED	15. DECED (Specify only h	ENT'S EDUC			(Give kind of	USUAL OCCUPAT		16b. KIND OF BU	JSINESS/INDUST	TRY
PLE	Elementary/Secondary (0-12	2)	College (1-4 or	5+)	SERGE	,		U.S.	ARMY	
COMPL	17. FATHER'S NAME (First, Midd							AME (First, Middle, Maide	Surname)	_
BE (GEORGE 19a. INFORMANT'S NAME (Type	EDWI	N	BOPS			HELE		PAYN	
2	PATRICIA		BOPST					, GLEN BUE		
	20a. METHOD OF DISPOSITION		wal from State		PLACE AND DATE	OF DISPOSITION (N	lame of		OCATION - City	
	A Burlai 2 Cremetton 3 Removal from State Cemetery, cremetory or other place) CEDAR HILL CEMETERY 1994BROOKLYN PARK, MD.									
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOM GLEN BURNIE, MARYLAND 21061									
_	GLEN BURNTE, MARYLAND 21061 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
		2 20 0000	omplications ti	hat anusad	the death De					
	snock, or nea	in ratture.	omplications the	hat caused euse on ee	tha daath. Do			ch aa cardlac or reap	piratory arrest	Approximate
	IMMEDIATE CAUSE (Final disease or condition	in ratture.	complications the List only one of	hat caused euse on ee	the death. Do ch line.	not antar the m	oda of dying, su	ch aa cardlac or reap	piratory arrest	Approximate
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NOI	IMMEDIATE CAGSE (Final disease or condition resulting in death) Sequentially list condition	na,	omplications the Liet only one co	TO OH AS A	the death. Do ch line.	not antar the m	oda of dying, su	ch aa cardlac or reap	piratory arrest	Approximate
CATION	IMMEDIATE CAGSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	na, site	DUE 1	nat caused euse on ee	the death. Do ch line.	not antar the m	oda of dying, su	ch aa cardlac or reap	piratory arrest	Approximate
MIFICATION	IMMEDIATE CAGSE (Final disease or condition resulting in death) Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	na, site	Supple Su	ouse on ee	CONSEQUENCE O	Verity Picolom Reff U	oda of dying, su	ch aa cardlac or reap	piratory arrest	Approximate
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AL CERTIFI	Sequentielty list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in danth) LAST	na, ate G	Supplied the control of the control	O (OR AS A TO (OR	CONSEQUENCE O	Verity Verty Very Very Very Very Very Very Very Ver	n Cul yopothi entra en	or Tool forctor part 1. 244. WAS AL	PAUTOPSY RMED?	Approximate interval Betwoen and D
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in darth) LAST PART II Other algnificant 25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident 3 Suicide 8 Co def Check only 29a. CERTIFIER (Check only)	medical medica	DUE TO DU	to death but	CONSEQUENCE OF THE CONSEQUENCE O	in the underlying to the time, det on, in my opinion, in my opinion, in the underlying the time, det on, in my opinion, in my	PLACE OF DEATH (Comma 5 Realdence JURY AT ORK? YES 2 NO ce	Ch sa cardiac or reap OF Tool For Char Part I. 24a. WAS AI PERFO 1 YES 1 YES 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State at to the ceuse(a) and male time, data and place, e	NAUTOPSY RMED? 2 (UND	Approximate Interval Betw Onset and D Onse
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1771 1

1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

CIP

		1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE OF CEATH DAY YEAR				3. TIME OF DEATH
		BARBRA B	ARBARA	RUTH			CHURCH				JUNE 21, 1994				12:32 A M
	1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr				lest birthday)				24 HRS.	7. DATE OF BIRTH 8. BIRT			a. BIRTHP	LACE (State or Foreign
		389-62-0124 1□ M 2 🟋 F				41 YRS.	IS. MONTHS DAYS HOURS MIN. (MONTH, Day, Year) DEC 10, 1952				Country)				
3 should		9a. FACILITY NAME (If not in	stitution, give s	treet and number)		7.2	9b. CITY	, TOWN	OR LOCATI	ON OF DE		0, 1,	9c. COUN		
60	E E	GREATER LAUREL BELTSVILLE HOSPITAL LAUREL PRINCE GEORGES												CHORCEC	
.2	18	RESIDENCE OF DECEDENT										GEORGES			
Pages	DIRECTOR	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
£		MARYLAND PRINCE GEORGE					LAUREI				I.				1 TY YES 2 NO
permit	ERAL	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF V			IAT COUNTRY?
. Jugar	E	8701 CHAR COURT #12 20708 USA													
DZO physician. burial-transit	FUN	11. MARITAL STATUS	RMED 13. WAS DECENDENT OF HISPAN				IIC ORIGIN? (Specify Yas or No. 14. RACE			14. RACE -	- American Indian,				
DOZO og physic ne buria		1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					If yes, specify Cuban, Maxican, Puar 1 ☐ YES 2X NO Specify:								White, atc. WHITE
TLAND 21213-0020 by the hospital or attending physician be detached for use as the burial-tra at once.	BY	3 Widowed 4 Olvo	rcea												WILLE
LZ I	8	15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S				na	16b. KII	ND OF BUS	INESS/INDU	ISTRY	
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)			•					
the hospit detached once.	ᇫ	12		Ø		RETAI						JCI	ENNE	Y	
the hor detach	COMPL	17. FATHER'S NAME (First, M	iddle, Last)						18, MOT	HER'S NA	ME (First, Midd	fle, Maiden S	Sumame)		
a pe	ш	WENDELIN NO	E	-					I	LAUR	AL McA	LLIST	CER		
retained 5 should notified	TO B	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRES	S (Street			Route Number,			Code)	
e 5 s	=	EARL CHURCH				8701	CHAF	R CO	URT #	[‡] 12.	LAURE	L. MA	RYLA	ND 20	0708
may be		20a, METHOO OF DISPOSITI		auni dua m. Stata		EANDDATE	OF DISPOS	SITION /N	lame of		DATE		CATION — C		
Page 6 may be retained all director, page 5 should ner must be notified		4 Donation 5 Other		Oval from Stata	BALT	IMORE'	WAST	HING	TON (CREM	6/22	LAU	JREL,	MAR	YLAND
MELLINGRA Jeath. Page 6 m funeral director, xaminer musi		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	7	7									OME, INC.
death. Pag tuneral di i. examiner		· //	olla	0041	pad/	· ·		7601 SANDY SPRING ROAD, LAUREL, MD 20707							
		22 BADT I Fold the discours													
		ahock, or heert fellure. List only one cause on each line. Approximate intervel Between													
y filled		IMMEDIATE CAUSE (Fine) Clasese or condition Appropriate and Death													
with pletely fille cremation, rent, the		resulting in death)	ilting in death) a. AKIEKIUSULEKUI M.				CARDIO ASCULAR DISEASE								
D 8 - 6				DUE 10	(OR AS A CON	SECUENCE C	F):								
and and bur	CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):													
ficate be ophysician ne prior to	AT	If any, leading to immed cause. Enter UNDERLYI		302.10	(on no n com	SECUENCE OF):								i	
ficat physical ne p	윤	CAUSE (Disease or Injuthat initiated events	ry	cDUE TO	(OR AS A CONS	SEOUENCE O	F);	_							
. 007 -	ᇤ	resulting in death) LAS	т												
= = = =	빙			g											
# # # # E	됩	PART II. Other algnifica	nt condition	onditions contributing to death but not resulting in the underl				nderlyir	ng ceuse given in Part i. 24e. WAS AN PERFOR				WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
9 # 6 # C	EDICAL										COMPLETIO			COMPLETION OF CAUSE OF DEATH?	
requires been sign of Healt	M														1 YES 2 NO
>	1	DID TOBACCO	O USE	CONTRIBUTI	E TO CA	USE OF	DEA	TH '	YES	NC					
Cate has State Dep	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOODITAL					PLACE OF D	EATH (Ch	eck only one)				
	Š	1X WES 2 □ NO		HOSPITAL:	ER/Outpetlant	3 🗆 DOA	4 Nur		me 5 🗆 Re	aldence	6 Other (S)	pecify)			
PHYSICIAN: this certifica with the St inked, or It	PHY	27. MANNER OF DEATH	/	28a. DATE Of (Month, L		28b. TIR	IE OF JURY	28c. IN	JURY AT		28d, DESCR	IBE HOW IN	JURY OCC	URED	
NG PHYS tter this auth with	BY		Fending Investigation				М		YES 2] NO					
NDING NDING Is After Is man		3 Suicide 8	Could not be	28e. PLACE (OF INJURY — At atc. (Specify)	home, term,	stree1, fac	lory, affi	ce		281. LOCATIO	ON (Street a	nd Number o	or Rural Ro	ute Number,
DR ATTENDING DRECTOR: After Durs after death tem 28 is ma		4 Homicide	datarmined	_							,	, , , , ,			4.7
DIRECT A MOURS	PLET	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	f my knowledga,	death occur	ed at the t	lme, dat	a and place	, and dua	to the cause(s) and man	ner as state	d.	
E 6	COM														and manner as stated.
A LONG		296 THOMATURE AND TITLE						_	-	ENSE NU					Month, Day, Year)
Po	8	Moulente	10	Mull	,										an contract
一种方面	임	30. NAME AND ABDRESS OF	- 1141	O COMPLETED CAU	SE OF DEATH (1	TEM 27) /7/pr	Print)	_		J.C.	М.Е.			UNE	21, 1994
		MARIDAN		100,511	h / -			+	20+	Dal	ltima	* 0	M	1	a 21201
		31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURI			LIE	EEL,	Dd.	r r TIIIO	LU,	racy	Tall	d 21201
		JUN 2	4 1994	Lulino	Sanden	fordard									
	لــــا	001110		10											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1 (

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a now the floaten. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	FOR STATE REGIST
	1. DECEDENT
	4. SOCIAL SE
ŀ	9s. FACILITY I
Ŀ	2106
	Mary 1
	10e. STREET
-	210

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERT	TIFICA	TE C	F DEAT	ГН	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					-		2. DATE OF DEATH		WEAR	3. TIME OF OEATH			
	LAURA	BERNICE	CHO	JNOWS	ΚI				1994	YEAR	10:10 P. M			
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birth		DER 1 YEA			7. DATE OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign			
	216-12-2459	1 🗆 M 2 💢 F	85 Y	RS. MONTH	ds DAY	'S HOURS	MIN,	(Mornth, Day, Year) 10-12-08		oounty)	Maryland			
· ·	99. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 91. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 91. CITY, TOWN OR LOCATION OF DEATH													
2106 Pitney Rd. Parkvi RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland Baltimore Parkville								lle Baltimore						
H	10s. STATE 10b. COUNT	٧	100	c. CITY, TOW	N OR LO	CATION					10d. INSIDE CITY LIMITS?			
		imore			Park	ville				1	YES 2 X NO			
7	10a. STREET AND NUMBER					10f. ZIP COO			1		IAT COUNTRY?			
FUNERAL	2106 Pitney Rd						1234			J.S./	٩			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO		If yes.	specify Cuba	n, Msxican	IC ORIGIN? (Specify Yes	or No — 1	Black,	- American Indian, White, etc.			
B	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OF	RDATES		1 🗆 '	YES 2 X NO	Specify			Specify	White			
E G	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	18s. DECEDE	NT'S USUAL	L OCCUP	ATION most of workli		16b, KIND OF BU	SINESS/INDU	STRY				
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	IOT use retire	d.)	most or workir	rg							
once. COMPL	6 yr's		Hou	usewi	fe									
5 S	17. FATHER'S NAME (First, Middle, Lest) Stanley		VIII	rski				WE (First, Middle, Maiden	,	7 - 14	- accepted			
ed a	19s. INFORMANT'S NAME (Type/Print)				ERE /0-		orot	loute Number, City or Tow		_	zewski			
nedical examiner must be notified at once. TO BE COM	Mrs. Dorothy C.	Palace		ame a:			or nursi n	oute Number, City or low	n, State, Zip C	2000)				
20	20s. METHOD OF DISPOSITION		20b. PLACE AND D	ATE OF DISE	POSITION	(Name of		DATE 20c. LO	CATION — CI	Ity or Tow	n, State			
E	1 X Burisi 2 Cremstion 3 Rem 4 Donation 5 Other (Specify)	oval from Stats	cemetery, cremetor	y or other pla HO	Îy R	osary	6/	25/94 Dui	ndalk.					
liner	21. SIGNATURE OF FUNERAL SERVICE LI		Hartsock,			AND ADDRE					21214			
ехап	+ tand Z. H	autoral de			Lec	onard	J. R							
edical	Leonard J. Ruck, Inc. 5305 Harford Rd. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.													
	shock, or heart fallure. iMMEDIATE CAUSE (Finsi	List only ona cause or	each lina.		c Carcinome 31									
vent, the	disease or condition reaulting in death)	· Pari	reat	rc	Ca	nce	no	me			3 mos.			
even even			S A CONSEQUEN											
or other traumatic event, the ERTIFICATION	Sequentially list conditions,	b												
nemal hygiene prior to bur hjury, or other traumatic L CERTIFICATION	If sny, leading to immediata cause. Enter UNDERLYING	DOE TO (OH A	S A CONSEQUEN	CE OF):										
FIC Fig.	CAUSE (Disesse or injury that initiated events	C. DUE TO (OR A	S A CONSEQUEN	CE OF):							-			
or of	resulting in death) LAST	d												
C 5	PART II. Other significant condition	se contributing to deat	hut not result	land in the			1			1				
5 5	William Significant Condition	- Contributing to death	Tout not reading	ung in tha	undari	ying cause (jiven in i	Part I. 24a. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS NVAILABLE PRIOR TO COMPLETION OF CAUSE			
shows an								1 _ YES 2	□ NO		OF DEATH?			
. 00 10	DID TOBACCO USE	CONTRIBUTE TO	CAUSE	OF DE	ATH	YES [NO			'	YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL					PLACE OF D								
	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/O	utpatient 3 🗆 D	OA 4 🗆	IER:		/	6 Other (Specify)						
PHY	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yea		. TIME OF	7	INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCL	JRED				
is marked, D BY PH	1 Accident 5 Pending Investigation	(100,000)		M	1 [YES 2	NO							
28 is r	3 Suicide 8 Could not be	28s. PLACE OF INJU building, stc. (S	IRY — At home, for pecify)	erm, street,	factory, o	ffice		281. LOCATION (Street a City or Town, State)	and Number o	r Aurei Ao	ute Number,			
E														
2 = 5		ICIAN: To the best of my kn												
CO	2 MEDICAL EXAMINE	R: On the besis of examina	tion snd/or invest	igation, in n	ny opinio	n, daeth occur	ed at the t	time, data and piecs, an	d dus to the	csuse(s)	and manner as stated.			
IMPORTANT: D BE CO	29b. SIGNATURE AND THE OF THE PERSON OF THE	une 1	un		1	29c. LICI	336		29d DATE	SIGNED I	years one for			
2 2	30. NAME AND ADDRESS OF PERSON WH	U		Olmo Dir	(1	226	1	,	6/0	23/14			
1.	John Downs, M.		Medica		iter	Sui+	0 5	03		1				
	31. DATE FILED (Month, Day, Year)	32/ REGISTRAR'S SI	GNATURE		ILEI	Juit	c 3	03						
	JUN 2 4 1994	Julis Davids	on-Rendot	_										

CYCLES

BALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending physician.	5 Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traymatic event, the medical examiner must be notified at once.

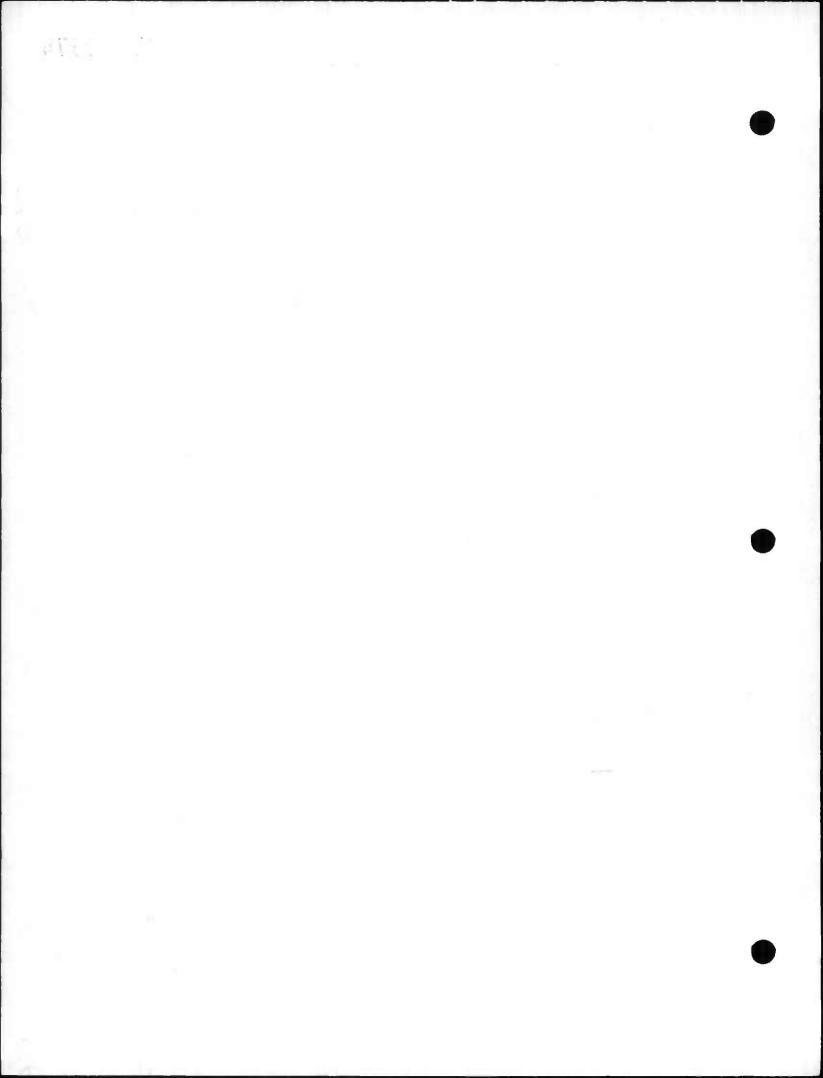
ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-713 7/1/94 t.t.

1 - STATE STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First, ROSE MAT		cox							2. DATE OF GEATH	MY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUME	LER.	5. SEX	6. AGE (In yrs. Is	and delethed and	IF UNDER	D A MEAN	IF UNDER			16	94	4:15A M
	218-74-141		1 □ M 2 🛣 F		YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	IPLACE (State or Foreign
	9e. FACILITY NAME (If not in			31		Ob CITY	8/26/62 Maryland						-
RO	8 JOPPA W		PARKVILLE BALTIMORE										
DIRECTOR	RESIDENCE OF DEC												
2		10b. COUNTY				Y, TOWN							10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Balt.	imore			Park							1 TES 2 XNO
FUNERAL		- 3 - 0 -					10	of. ZIP CODE			10g. CIT		WHAT COUNTRY?
N.	8 Joppa Woo	oa Coui					\perp	212				USA	
5	1 Never Merried 2 K	Married	12. WAS DECEOEN FORCES? 1	YES 2	NO	- 2	If yes, s	pecify Cubs	n, Mexice	IIC ORIGIN? (Specify Yen, Puerlo Rican, atc.)	s or No—	14. RAC Blac	E — Americen Indian, k, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATES			1 YE	S 2 X NO	Specify	<i>r</i> :		Spec	
		EDENT'S EDUC		16a, D	ECEDENT'S	USUAL O	CCUPATI	ION		16b. KIND OF BU	ISINESS/INI		White
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	- 6	Give kind of a fe. Do NOT us	work done	during m	ost of working	ng .				1.1
7	GED	()	Conege (1-4 or 5		Homema	aker				-			
8	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Maider	Surname)		
EC	Robert Caul	lev							Ann	a Unavaila	able		
00	19a. INFORMANT'S NAME (7			1	9b. MAILING	ADDRESS	S (Street	end Number		Route Number, City or Tox		p Code)	
2	Steven Cox									2B Parkvi			21236
	20e. METHOD OF DISPOSIT			20b.PLACE	E AND DATE				20 11		CATION -		
	1 5 Buriel 2 Cremetic 4 Donation 5 Donation		oval from Stata		ramatory or o				6/	21/94 Bal	timo	re.	MD
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	Falk	WUCKL 1	22.	NAME A	ND ADDRES	SS OF FA	CILITY	021110	207	
	DO COLLET		PV.	2. 6	2					al Home			
	23. PART i. Entar the d	no	1. 107	JCJUK		8.	521	Loch	Rav	en Blvd.	Tows	on,	
	shock, or h	aart fallure. I	List only one cau	se on aach lin	ne.	tot anter	ina m	oda or dyi	ing, suci	n as cardiac or reap	Hratory ar	reat,	Approximata interval Between
1	IMMEDIATE CAUSE (Fir disease or condition	nal											Onset and Death
	reaulting in death)	→ ,		C INTOXIO									
			DUE TO	(OR AS A CONS	EOUENCE O	F):							
8	Sequantially list conditi		DUE TO	(OR AS A CONS	EQUENCE OF	n.	_						
AT	if any, leading to imme- cause. Enter UNDERLY		502.10	(on A3 A CONS	LOOENCE OF	·							i 1
윤	CAUSE (Disease or inju- that initiated events		DUE TO	(OR AS A CONSI	EQUENCE OF	F):							
E	resulting in death) LAS	Т											
빙													
MEDICAL CERTIFICATION	PART II. Other algolfica	nt condition	e contributing to	death but not	reaulting	in tha ur	nderlyir	ng cause g	given in	Part I. 24a. WAS AI PERFO		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	9									1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
闄													1 YES 2 NO
H	DID TOBACC	O USE	CONTRIBUT	E TO CA	USE O	F DEA	HTA	YES [] NO	P □			
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF D	EATH (Ch	eck only one)			
Š	YES 2 NO		1 Inpatient 2	ER/Outpetient	3 🗆 DOA	OTHEI		ne SZEVRe	sidence	6 Other (Specify)			
E	27. MANNER OF DEATH	_	28e. OATE OF (Month, D		286. TIM	E OF URY	28c. IN	JURY AT ORK?		28d. DEŞCRIBE HOW	INJURY OC	CURED	
BY		Pending Investigation	FOUND 6	-16-94	3:20) AM		YES 2] NO	UNKNOWN			
	3 Suicide 8	Could not be	28e. PLACE O	F INJURY — At h atc. (Specify)	nome, ferm, a	itreet, fact	tory, offi	ce		28f. LOCATION (Street City or Town, State	and Numbe	r or Rural	Route Number,
COMPLETED	4 Homicide	datermined			HOME								MARYLAND
2 1	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledga, d	seath occurre	ed at the t	lime, dat	a and placa,	, and due	to the cause(e) end ma	nner se ata	ted.	
M	anal												e) end menner as stated,
	296. SIGNATURE AND TITLE	OF CERTIFIER	1/			_		29c. LICE	ENSE NUM	IBER	29d DAT	TE SIGNET	(Month, Day, Year)
BE	Morris	= 1/h	. Yh. 10)						M.E.		JUNE	
2	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type.	Print)				****	Ι,	OINE	17/94
	MARGARER		1. 1cmo				Str	reet	Ra	ltimore	Mar	rv1 =	nd 21201
	31. DATE FILED (Month, Day	17.	32. DEGISTRA	R'S SCHATURE				,	, 100	T CIMOLE,	Mai	ГУТО	110 21201
	JUN 2 4 199	14 7	whi Dande	1. Mures									
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3. TIME OF DEATH

05.15A

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DANIEL

MARYLAND 21215-0020

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	NG
2	DEFEND
3	20
•	THUSPITAL OR ATTENDING PHYSICIAN: T
g p	Νű

8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 213-16-5856 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 10/23/1918 1 M 2 | F DAYS HOURS MARYLAND YRS. 98. FACILITY NAME (If not institution, give street and number)
NORTHWEST HOSPITAL CENTER 96. CITY, TOWN OR LOCATION OF GEATH RANDALLSTOWN BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION RANDALL STOWN 10d. INSIDE CITY BALTIMORE MARYLAND 1 X YES 2 NO permit. 10a. STREET AND NUMBER 8529 LUCERNE RD. FUNERAL 101. ZIP COOF 21133 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: IF YES, GIVE WAR OR DATES ARMY WWII-AIR FORCE ВУ 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ille. Do NOT use retired.)
POSTAL CLERK Elementary/Secondary (0-12) Ď College (1-4 or 5+) U.S. POSTAL SERVICE detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CAPLAN CAPLAN Samue1 2 te BE 198. INFORMANT'S NAME (Type/Print)
MRS. BELLA CAPLAN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) director, page 5 8529 LUCERNE RD. RANDALLSTOWN, MD pe 20a. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Removal from 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must BETH TFILOH 6/22/1994 4 Donation 5 D Other (Specify) BALTIMORE FUNERAL SERVICE LICENSEE examiner SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 by the removal. 23. PART i. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, medicai Approximate filled in t shock, or haart fallure. List pnly one cause on each line. intarval Between 0 **IMMEDIATE CAUSE (Final** Onset and Death npletely filler cremation, u the disease or condition ULMONARY EDEMA da resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION and comi MANY YEARS traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediata cause. Enter UNDERLYING the attending physician Mental Hygiene prior tr CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 any injury, PART II. Other aignificant conditions contributing to daeth but not resulting in tha underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL and and COMPLETION OF CAUSE signed Health a 1 YES 2 LNO OF DEATH? 1 YES 2 410 PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item 26. PLACE OF DEATH (Check only one certificate h HOSPITAL: OTHER: 1 YES 2 ------Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this with marked. 1 Natural 5 Pending 1 YES 2 NO After 1 BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 8 Could not be DIRECTOR hours after 4 Homicide 28 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the bast of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL Within 72 I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MPORTANT 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 06-21-1994 04049 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Randal 32. REGISTRAR'S SIGNATURE
Julia Danielson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CAPLAN

2. DATE OF DEATH

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DHMH-16 Rev 1/89

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*		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO					
		1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	May	C	AMMA	GE	2. DATE OF DEATH MONTH	2 199	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
Pino		216-24-1273 9e. FACILITY NAME (If not institution, give str	/3		Ph. CITY. TOWN C	OR LOCATION OF D	2/8/15	9c. COUNTY	aryland			
2, 3 should	OR	Good Samaritan H				nore Cit		J. S. COOK!	or bearing			
- SS 	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY			
nit. Pag			ltimore		lowson				LIMITS?			
nsit perm	FUNERAL	6401 Loch Raven B	lvd.		101	ZIP CODE 212.	39	10g. CITIZEN	USA			
physician, b burial-transit permit. Pages 1, 2,	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	if yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No — 14.	RACE — American Indian, Black, White, atc. Specify:			
attending use as the		15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUS	White			
al or	COMPLETED	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	,		2222000					
by the hospital be detached for at once.	MP	9th Grade 17. FATHER'S NAME (First, Middle, Last)		Accts.	Payable	e Clerk	Dep	t. Sto	re			
\$ & &		Joseph E. Price				- C	atherine R	,				
5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tox		de)			
	-	Dorothy Clement					Baltimore,		1221			
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 120 Burial 2 Cremation 3 Ramo 4 Donation 5 Dither (Specify)	val from Stata cem	PLACE AND DATE OF tetery, crematory or othe chpelah (er place)		0ATE 20c. LO 6/25/94 Li	tite				
death. Page 6 tuneral directo i.		21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE Y. I/a. T/	onperun c	22. NAME AN	ND ADORESS OF FA	CILITY	<u> </u>				
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LICI FRA FOR THE	real Home		852		eral Home	VP. TO	wson, MD 21286			
filled in by the four or removal.		shock, or heart failure. L	omplications that caused	the death. Do no	t enter the mo	de of dying, suc	th ss cardiec or resp	iratory erreat	, Approximate Interval Between Onset and Death			
completely fillitial, cremation,		disease or condition resulting in deeth)	SEPSIS	CONSEQUENCE OF					3days			
	z	resulting in deeth) a. SEPS IS OUE TO (OR AS A CONSEQUENCE OF): PNEUMO NIA 7 days										
be excian a cian a cor to	CERTIFICATION	Sequentielly liet conditione, if sny, lesding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):					73			
nding physicia Hygiene prior	띮	CAUSE (Disesse or injury thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF):								
	馬	resulting in deeth) LAST										
the d the	A F	PART II. Other eignificant conditions		ut not resulting in	the underlying	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
a the	MEDIC	Covenary artery d	isease MCI	ABAG , H			1 × YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?			
	W	Diastolic dysfund				failure Ran	-16: has		t 🗆 YES 2 💢 NO			
has Dep	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch						
SICIAN: The certificate he the State I	PHYSICIAN:	1 TES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Residence	6 Other (Specify)					
this with	ву Рн	27. MANNER OF OEATH 1 K Naturel 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT URK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCUR	EO			
TTENDI TOR: A after de	COMPLETED	3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, street, fectory, office			28t. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,			
	MPLE		IAN: To the best of my knowl									
HOSPITAL FUNERAL Within 72 TANT: If		29b. SIGNATURE AND FITLE OF CERTIFIER	: On the basis of examination	n and/or investigation,	In my opinion, d				suse(s) and mennar as stated.			
TO THE HOSPI TO THE FUNER be filed within	O BE	salva , M				P - Ø	7621		GNED (Month, Day, Year)			
i)			The Good	ATH (ITEM 27) (Type, P	Hosp, 56	01 loca	h Raven Di	ivd , Ball	timare HD21206			
A)		JUN 24. 1994	JANGUSTRAN'S SIGN	ATURANTALL								



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	rtificate be executed within ours after death. Page 6 may be retained by the hospital or attending

STATE OF MARYLAND / DEPARTMEN	T OF HEALTH AND MENTAL HYGIEN	E
CERTIFICAT	E OF DEATH BEG NO.	

		. DECEDENT'S NAME (First, Middle, Las	nt)				2. DATE OF DEATH	Y YEAI	3. TIME OF DEATH			
			Ruth Cofran				June 22	1994				
		216-01-0497	1 □ M 2 🖔 F 9	yrs. lest birthday) O YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) January 3(Co	RTHPLACE (State or Foreign untry) Maryland			
OR	- 10	16. FACILITY NAME (If not institution, give 2075 Jasontown				or Location of DE tminster	ATH	ec. county of	F DEATH 11- County			
DIRECTOR	1		roll County	Westmins	10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	1	2075 Jasontown	Road		10	21158			OF WHAT COUNTRY?			
BY FUN		11. MARITAL STATUS	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	21158 U. S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuben, Maxican, Puerto Rican, stc.) 1 Specify: White							
TED	L	15. DECEDENT'S E (Specify only highest gra	ade completed)	ION lost of working	166, KIND OF BUS	I I						
once. COMPLETED	L	12 7. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	Ne. Do NOT us	onnel M		ier/ Department Store HER'S NAME (First. Milddle, Maiden Surmerne)					
76 111			phus Cofran			COLET CO.		,				
TO BE	1	9e. INFORMANT'S NAME (Type/Print)	P OOLLAII	19b. MAILING	ADDRESS (Street		arah Matil Route Number, City or Town					
be not	L	Rev. David Heavel 2075 Jasontown Road Westminster, MD 21158										
must		tq. METHOD OF DISPOSITION Second Sec	emovel from State 20b. F	PLACE AND DATE	OF DISPOSITION /A	lame of		CATION - City of	r Town, State			
examiner	2	Blian of	0. Box	x 195)								
the medical	11	IMMEDIATE CAUSE (Final				1	100		intarvai Betwe			
rythere provided country of the traumatic event, TTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A C	CONSEQUENCE OF	F):	Hear	A Dire	uro	2 y			
shows any Injury, or other traumatic en : MEDICAL CERTIFICATION		Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COMMENT OF AS	CONSEQUENCE OF	F):			AUTOPSY MED?	2-yy 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO			
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or Item 23 shows any injury, or other traumatic en IVSICIAN: MEDICAL CERTIFICATION	2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions to the condition of the conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A COME TO	CONSEQUENCE OF	F): In the underlying A Company of the company of	PLACE OF DEATH (Che	Part I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
rate for some popular regard and market project provided and the state of them 23 shows any injury, or other traumatic entranged or the state of the	2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions are supported by the conditions of	DUE TO (OR AS A CO. DUE TO (O	CONSEQUENCE OF	in the underlying the second of the second o	ng cause given in	Part I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
28 is marked, or item 23 shows any injury, or other traumatic er TED BY PHYSICIAN: MEDICAL CERTIFICATION	2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are conditionally in the condition of the conditio	DUE TO (OR AS A COME TO	CONSEQUENCE OF CONSEQ	in the underlying the second of the second o	rig cause given in PLACEON DEATH (Che me 5 DR Rasidence JURY AT ORK? YES 2 NO	Part I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NO NJURY OCCURED	24b. WERE AUTOPSY FINDING AMIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
I Item 28 is marked, or Item 23 shows any Injury, or other traumatic en IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions in desth cause. Examiner? 1	DUE TO (OR AS A COMMENT OF TO AS	consequence of consequence of consequence of the resulting consequence of the consequence	F): F): In the underlying the street, factory, officed at the time, date the street, date time, date the street of the street	ng cause given in PLACEON DEATH (Che me 5 th Residence JUNY AT ORK? YES 2 NO ce	Part I. 24a, WAS AN PERFOR 1 YES 2 Dock only one) 8 Other (Specify) 28d. DESCRIBE HOW IF City or Town, State)	AUTOPSY MED? NO NJURY OCCURED and Number or Rui	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number,			
Item 28 is marked, or item 23 shows any injury, or other traumatic en PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2 2 2	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions in desth cause. Examiner? 1	DUE TO (OR AS A COME TO	consequence of consequence of the resulting and the consequence of the	in the underlying the second of the second o	ng cause given in PLACEON DEATH (Che me 5 th Residence JUNY AT ORK? YES 2 NO ce	Part I. 24s. WAS AN PERFOR 1 YES 2 sick only one) 8 Other (Specify) 28d. DESCRIBE HOW IF City or Town, State) to the cause(a) and man time, data and place, and	AUTOPSY MEO? NO NJURY OCCURED and Number or Run iner as stated. In die to the cause	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			

William Commence Comm

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

_	REGISTRAN			ENTIF	ICATE	UF	DEAL	п	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATN	W	VEAD	3. TIME OF DEATH
	IRENE (NMN) DI	ACOYANIS							TIME	4	0 1	994	7:10 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE OF E	BIRTN			IPLACE (State or Foreign
	213-74-2150	1 🗆 M 2 💢 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da 6-20	-07		Gre	ece
	9e. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE			9c. COU	NTY OF D	EATN
۳ ا	Stella Maris		7	ows	nn -		Baltimore						
띩	RESIDENCE OF DECEDENT					OND	J11					Jal ()	rinore
Ĭ Į	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	ION		-				10d. INSIDE CITY
DIRECTOR	Maryland -			Ва	ltim	ore							LIMITS?
	10e. STREET AND NUMBER					101	ZIP CODE				10g, CITI	IZEN OF V	VHAT COUNTRY?
FUNERAL	420 Folcroft Stre					1	21224					J.S.A	
ž	11. MARITAL STATUS	12. WAS DECEDENT	FVFR IN U.S. AS	MED	112.1				IIC ORIGIN? (S	nooth, You			E — American Indien,
	1 Never Married 2 Merried		YES 2			f yes, sp	cify Cube	n, Maxicer	n, Puerto Ricar	n, atc.)	0 110-	Black	k, White, atc.
B⊀	3 KWidowed 4 Divorced	IF YES, GIVE W	AN OH DATES		'	I YES	2)[] NO	Specify	,			Speci	"Y: White
	15. DECEDENT'S EQU		18e. DE	CEDENT'S	USUAL O	CCUPATIO	N N		16b. KIN	D OF BUS	SINESS/INC	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	115a	ive kind of v Do NOT us	vork done o e retired.)	during mo	st of workin	g	1110000				
7	8th	Conege (I-4 O/ 5+		ousew	ri fe				_				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			casor	110		18 MOTA	IFR'S NAI	ME (First, Middl	a Maidan	Sumama1		
	George Kougioulis						142111		alkias	u, maroon	Juliane		
H	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	1 40	5 MAIL (N)	4000500						A		
2	. =		- 1						Route Number, C				sol.
	George Diacoyanis	<u> </u>						eet,	Balti				
	1 ₺ Buriet 2 □ Cremetion 3 □ Reme	ovel from State	20b. PLACE	emetory or o	ther place)				OATE		CATION -		
	4 Donetion 5 Other (Specify)	ACADOS .	Greek	Orth			neter			Ba.	ltimo	re,	Md.
	21. SIGNATURE OF THE NEXT SERVICE LIC	PERSON							cal Hor	ne			
	(Kn n) S. h	watch	العيب		1				Ave. I		imore	ь Md	1. 21224
	23. PART I. Enter the diseases, or can shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CONG:	se on each line	Eb	HEA					or respi	ratory an	rest,	Approximate Interval Between Onset and Desth
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE										
	PART II. Other eignificant condition	a contributing to	deeth but not i	recuiting i	n the un	derivino	ceuse o	iven in	Part 1. 24s	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL	ATRIALFIBR									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	SIP CVA								_ 1	YES 2	NO		OF DEATH?
Σ	DID TOBACCO USE C	ONTRIBLITE	TO CALL	SE OF	DEAT	u v	EC [NO	V21				1 YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAU.	JL OI	DEAT			NO					
ᅙ	EXAMINER?	HOSPITAL:	uper appropriate		OTHER	₹:			eck only one)				
PHYSICIAN: M	1 YES 2 NO	1 Inpatient 2 I		-				sidence	8 XOther (Sp			pice	
BY P	1 Natural 5 Pending Investigation	(Month, Da		28b. TIM	E OF URY M		URY AT RK? 'ES 2	NO NO	28d. OEŞCRII	BE HOW II	NJURY OC	CUREO	
a	3 Suicide 8 Could not be detarmined	28e. PLACE OF building, o	FINJURY — At ho otc. (Specify)	ome, ferm, s	treet, fact	ory, office			281. LOCATIO City or To	N (Street e wn, Stete)	and Number	or Rural A	Boute Number,
COMPLET	290. CERTIFIER CERTIFYING PHYON	CIAM: To the house			. 7								
물		CIAN: To the best of a											
ဗ္ဗ	One) 2 MEDICAL EXAMINE			veatigatio	, in my o	pinion, d	HITTO OCCUP	ed at the	time, date and	piece, en	a due to th	ne ceuse(s	end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	^ .					29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
0	THENGULLICA	oule	rein	(<u>)</u>			7)9	56	43		10	122	194
	30. NAME AND ADDRESS OF PERSON WHO										*		
	DR. KENDALL R.	FAULKNER	MD 2	300 E	MZ.TIT	EY 1	7ΔT.T.F	V Dr	TOTAL	TOON	, MD	212	10.4
100		- I IOLE CILLI	ر اللالا ا	300 L	CIRTA	-		TVE	J. TON	NOOM	עוויו	212	:04
	31. DATE FILED (Month, Dey. Year) JUN 2 4 1994	32 EGISTRAI	A'S SIGNATURE		CLIPAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.11.11.	I IVL). 10v	VIOCIV	, <u>MD</u>	212	:04

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IVISION	Oldingary and
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COMPANIE VO CETTE OUT OF CT	TO RE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
pege o occase of commercial to occupate the period of the period of the occupant	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
s certificate has been signed by the attending physician and completely filled in by the turners directly, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by in
death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most part of the hospital or attending physician.

DECEMBER MAN FORM SOURCE AND LAND ELITABETH M. FAURE 1. SEC. ADDITION OF MAN PROCESS OF THE STATE OF THE S	1	FOR STATE OF MA	ARYLAND /	DEPART	MENT OF	HEALTH AND	MENTA	L HYGIEN	E		
THE LITABETH M. FALIPEL 1. SOCIAL SO	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEATH
SECOND RECORD TO MARKED AS SEX. 190 - 28 - 38 - 38 - 38 - 38 - 38 - 38 - 38		ELIZABETH M. FAUPEL					TUNE	122. 9	994	YEAR	11:55P.M
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2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH UNIVERSITY S.T.U. BALTIMORE CITY														
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by the	ш	17. FATHER'S NAME (First, Middle, Las	11)							18. MOTHER'S NA	AME (First,	Middle, Maiden	Sumama) Proce	nko		
be retained be 5 should e notified	TO B	190. INFORMANT'S NAME (Typo/Print) Katherine Kik						n Air		ad Number or Rural		more,			21225	
2 pg		20e. METNOD OF DISPOSITION 120 Burlel 2 Cremetion 3 4 Donation 5 Other (Specify)		from State		netay, crema					6/2		cation - ch		n, stete Yarylan	d
death. Page 6 m thousand director.		21. SIGNATURE OF FUNERAL SERVI	DE LIGENS	Da	4	~ / (0	Geo	me and	J. Gon	ce F	uneral	Home	P.A		
after after by the smoval.		23. PART I. Enter the diseases	, or com	plications that	cause	d the deet	th. Do no			itchie					Approxim	ata
ted within ourse completely filled in ial. cremation, or research, the med		ahock, or heert tel iMMEDIATE CAUSE (Final disease or condition resulting in death)		G VM I			OM.	o or	2 1	PED 0					Interval B Onset sn	
executed and com o burial.	NOI	Sequentially list conditions, if sny, leading to immediate Due to (or as a consequence of):														
e e e	RTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	DUE TO	OR AS	A CONSEQU	ENCE OF)	:								
e Hard	CERT	resulting in death) LAST	d													
that the deat d by the atte and Mental iny injury,	ICAL	PART II. Other algoliticent con-	ditiona c	ontributing to	death t	out not res	ulting in	the unde	erlying	ceuea given in	Part I.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	10
w requires that the been signed by to pt. of Health and a shows any in	: MEDIC	DID TOBACCO US	F CO	NTDIRIITE	TO	CALISE	OF	DEATH	l VE	S I NO		HODO	ony		OF DEATH?	NO
The late has ate De	SICIAN:	25. WAS CASE REFERRED TO MEDIC	AL	OSPITAL:	10	CAUSE			-	CE OF DEATH (CH		ne)				
icial the	PHYSI	EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH		28e. DATE OF	INJURY	_	DOA 28b. TIME	OF 26	Bc. INJU	5 Residence	7	SCRIBE NOW I	NJURY OCCU	RED		
	ВУ Р	1 Netural 5 Pending 2 Accident Investigs		6 · 20	994		ULL	M		ES 2 NO	Sug	भाग	SHOT	Si	SVE	
TTEN TTOR: after	TED	3 Suicide 8 Could no 4 Nomicide detarmin		building.	etc. (Spe	ع رح و				d	City	CATION (Street or Town, State)			TH BURY	HO
THE HOSPITAL OR A THE FUNERAL DIREC filed within 72 hours PORTANT: If Item	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING 2X MIEDICAL EX								and place, and due ath occured at the					and manner as :	rinted.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h IMPORTANT: If I	TO BE C	296. SIGNATURE AND TITLE OF CER	7	eishi	w					O.C.M					Month, Day, Year)	
	F	HAUDMON	D-	OMPLETED CAUS	E OF DE				Str	reet, E		imore				
		31. DATE FILED (Month, Day, Year) JUN 2 4 199	4	39. REGISTRA	R'S SIGN	ATURE	بدر						,	7		
															DHMH-1	6 Rav 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, crematic	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th	
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o.	certi	ding	8	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	that t	of by	any	
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BALTIMORE, MARYLAND 21203-3146	s that the death certificate be executed within a view death. Page 6 may be retained by the hospital or attending physician.	uth and Mental Hydiene prior to burial, cremation, of removal. any injury, or other traumatic event, the medical examiner must be notified at once.
3146,	secuted within	burial, crematio
DRDS, P.O. BOX 13146,	artificate be ex	giene prior to
S, P.O	e death ce	Mental Hy
ORD	s that the	amy in

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
		CI	ERTIFICATE	0	F DEAT	H		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEMENT'S NAME (First, Middle, Last)	llins			2. DATE OF DEATH MONTH DAY	94.	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 250-03-2569	5. SEX 8. AGE (In yrs. 1 M 2 F 77	inst birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 8-17-16	Cou	THPLACE (State or Foreign ntry)					
E .	9a. FACILITY NAME (If not Institution, give st	reet and number)	9b. C	TY TOWN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY TOW	N OR LOCATION			10d. INSIDE CITY					
	md.		BA.	HimORE			LIMITS?					
FUNERAL	100. STREET AND NUMBER	est Stree	1	2/22	9	10g. CITIZEN OF WHAT COUNTRY?						
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		is was decembent of Hispa if yee, specify Cuben, Maxic 1 Yes 2 NO Speci	an, Puarto Rican, etc.)	Ican, etc.) Black, Whita, atc.						
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade		DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	speck					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6+)	Itte. Do NOT use retire	maker								
COM	17. FATHER'S NAME (First, Middle, Lest)	100			AME First, Middle, Meiden S	urname)						
BE	198, INFORMANT'S NAME (Type/Print)	Ames	19b, MAILING ADDR	ESS (Street and Number or Rural	HIE / HO Route Number, City or Town.	State, Zip Code)						
5	Papent Ho	Clis	407/	inhuest	St. BAI	40, M	R 21229					
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem. 4 Donation 6 Other (Specify)	oval from State 20b. PLA	CE OF DISPOSITION	(Name of cemetery, crematory or	200.100	ATION - City or	Joe md					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O		22. NAME AND ADDRESS OF F	ACILITY CIBELES	en E.						
	* Macecy		و	SA HO , Ma	Paulin St							
		complications that caused the List only one cause on each i	death. Do not er lina.	itar the mode of dying, su	ch ss cardiac or reapin	etory srrest,	Approximate interval Between Onset and Death					
	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYOCAR DIAL INFARCTION Onset and Death											
z	DUE TO (OR AS A CONSEQUENCE OF): CONOMARY ARTEMY DISTAS											
ATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING DIABETES WELL TWS											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON										
	PART II. Other significant condition	as contributing to death but n	ot resulting in the	undarlying cause given i	n Part I, 24a, WAS AN	WTOPSY :	24b. WERE AUTOPSY FINDINGS					
DICAL	DEMENTI				PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDIC					_		1 TYES 2 NO					
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)							
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatien		HER: Nursing Home 6 Realdence	6 Other (Specify)							
	27, MANNER OP DEATH 1 ☑ Naturat 6 ☐ Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? I YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge	, death occurred at	the time, data and place, and d	us to the cause(s) and man	ner as stated.						
OM	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE N	UMBER	29d. DATE SIGN	NED (Month, Day, Year)					
TO E	36. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF DEATH	(ITEM 27) /Time Print	103	1150	6/	24/94					
	THomas	5. mmen	- 700		ON BLUD	BALT	Euron o					
	31. DATE FILED (Month, Day, Year) JUN 2 4 1994	1 32. REGISTRAR'S SIGNATUR										



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death, Page 6 may be retained by the hospital or attending physician.

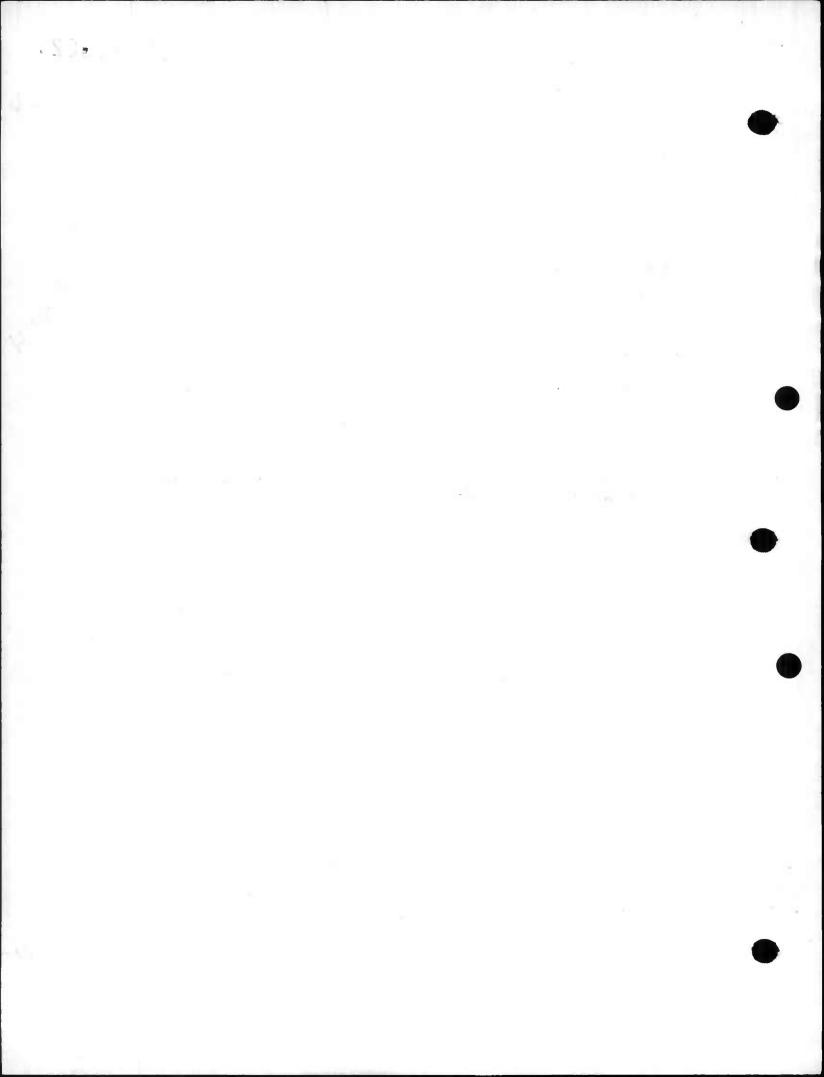
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
EGISTRAR	CERTIFICATE OF DEATH R	EG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			ENTAL HYGIENE	E			
	1. DECEDENT'S NAME (First, Middle, Last) Adrian F.	Heird				2. DATE OF DEATH MONTH DAY	y 9'	YEAR S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5.	X M 2 □ F 80	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	. SIRTHPLACE (State or Foreign Country) Maryland				
TOR	Northwest Hospital	,	1stown	гн		imore County				
DIRECTOR		nore Co.		own on Locat timore	ON		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3632 Hilmar Rd.			101	ZIP CODE 21244		10g. CITIZEN OF WHAT COUNTRY? USA			
BY	1 Never Married 2 3 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPANIC city Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Yaa Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of the composition of th	ON pleted) ollege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Truck Dr	done during mo etired.)	N It of working	16b. KIND OF BUS		ITRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) William H. Heird				Beryle H	E (First, Middle, Maiden S Buckingham	Surname)			
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Geneva B. Heir	:d				imore, MD	, State, Zip Co 212	· ·		
	20a. METHOD OF DISPOSITION 1									
T.	21. SIGNATURE OF FUNERAL SERVICE LICENS	mes)	/	Loring 8728 I	iberty Ro	ineral Dir 1. Randal	.lstow	m. MD 21133		
	23. PART . Entar the diseasea, or composition shock, or haert failure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death)	bue to (or as a	CONSEQUENCE OF)	fred		aa cardiac or respir	ratory arres	t, Approximata Interval Between Onset end Death		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		ODNSEQUENCE OF):	7						
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to deeth but not reculting in the undarlying ceues given in Part I. CDFD: Cbx. Vbxtv-vt									
SICIAI		OSPITAL:		THER:	ACE OF DEATH (Check					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	IRY AT 2	ted, DESCRIBE HOW IN	IJURY OCCUI	RED		
	3 Suicide 8 Could not be 4 Homicide determined	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town State)								
COMPLETED		: To the best of my knowle n the beele of examination						ceuse(e) end menner ee stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ABDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) /Time Pri	nt)	29c. LICENSE NUMBI	P > 4	29d. DATE S	SIGNED (Month, Day, Year)		
	Alice Hseih	Northwest	Hospital		Rand	dallstown,	MD	21133		
	JUN 2 4 1994	72. REGISTRAH'S SIGNA	fine							



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ath. Page 6 may be retained by the hospital or attendi	meral director, page 5 should be detached for use as t		aminer must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death, Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
	HELEN EI		JUNE 22.	1994 YEA	5:00 A M					
	4. SOCIAL SECURITY NUMBER	William St. Children Control of the Control						RTHPLACE (State or Foreign ountry)		
	215-22-4438		37 YRS.	DAYS	HOURS MIN.	1-3-1907	MA	RYLAND		
~	9a. FACILITY NAME (If not institution, give st	· ·		b. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY C	F DEATH		
5	MERIDIAN NURSING	CTR CATONS	SVILLE	CATON	SVILLE		BALTI	MORE		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	TON			10d. INSIDE CITY		
5	MARYLAND BAI	CAT	CONSVIL	LE			1 YES 2 NO			
AL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN C	IZEN OF WHAT COUNTRY?		
FUNERAL	1316 MIDDLEFORD				21228		U.S.A.			
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	C ORIGIN? (Specify Year	or No- 14. R	IACE American Indian, Black, White, etc.		
BY	3 🖔 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	S		2X NO Specify.		s	WHITE		
0	15. DECEDENT'S EDUC	ATION 16	Ba. DECEDENT'S US	UAL OCCUPATIO	ON .	16b, KIND OF BUSI	NESS/INDUSTR			
Ε.	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo etired.)	st of working					
MP		1	HOMEMAK	ER		OWN	HOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Malden S	Surname)			
BE	EMORY WOOLEY				ANNA	MARIA	HELLER			
5	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town,				
•	DELBERT RIEMER 20a. METHOD OF DISPOSITION							MD. 21228		
	1 1 S Burlet 2 ☐ Cremation 3 ☐ Remo	val from State 20b. PL	ACE AND DATE OF I	DISPOSITION (Na.	me of		ATION — City o			
	21. SIGNATURE OF JUNERAL SERVICE LICE	ENGRE	LAWN C		6-25-9		IMORE,	MARYLAND		
	Willes 2	MO MO	0550	STERL	ING ASHTO	N FUNERAL	HOME,	INC.		
	23. PART I. Enter the diseases, Dr ci			736 EI	OMONDSON	AVE., BALT	IMORE,			
	anock, or neart tellure. L	lat Dnly Dne ceuse Dn each	n line.	enter the mo	de Di dying, such	aa cardiac or reapin	atory arreat,	Approximata Interval Batween		
	IMMEDIATE CAUSE (Finel disease or condition	DUE						Onset and Death		
	reaulting in death)	DUE TO OR AS A CO	ONSEQUENCE OF	A				DAY5		
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):							
3	CAUSE (Disease or Injury					, , , , , , , , , , , , , , , , , , , ,				
	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
띩	d					1.3				
AL	PART II. Other aignificant conditions			he underlying	ceuse given in F			24b. WERE AUTOPSY FINDINGS		
20	SENILED	EMENT	IA			PERFORM 1 YES 2	333	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
WE			,,					1 YES 2 NO		
ä										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL THER:	ACE OF DEATH (Chec	ck only one)				
PHYSICIAN: MEDIC	1 YES 2 THO	1 Inpetient 2 ER/Outpetie	ent 3 DOA 4	Mursing Home	5 - Residence 8	□ Other (Specify)				
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME O	/ WOI	RK?	28d. DESCRIBE HOW IN.	JURY OCCURED			
2 Accident Investigation M 1 YES 2 NO										
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
9	29a. CERTIFIER	AM. T. III. A.		U20 9 0 10						
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner.										
	29b. SHOMATURE AND TITLE OF CERTIFIED	7-		Tiny opinion, de						
8	-10	ro-00-	and A		29c. LICENSE NUME	7 8/	29d. DATE SIGN	NED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	nt)	0011	00	6	44-77		
		GALLAGER	My ?	3455	WILKE	ENS AVE	多红	70 MD 229		
	JUN 2 4 1994 3	32. REGISTRAR'S SIGNATU	4.6	- 1 .*						

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DIRECTOR: /

FUNERAL Within 72 h

M.D

32. REGISTRAR'S SIGNATURE

Boris Kerzner.

31. DATE FILED (Month, Day, Year)

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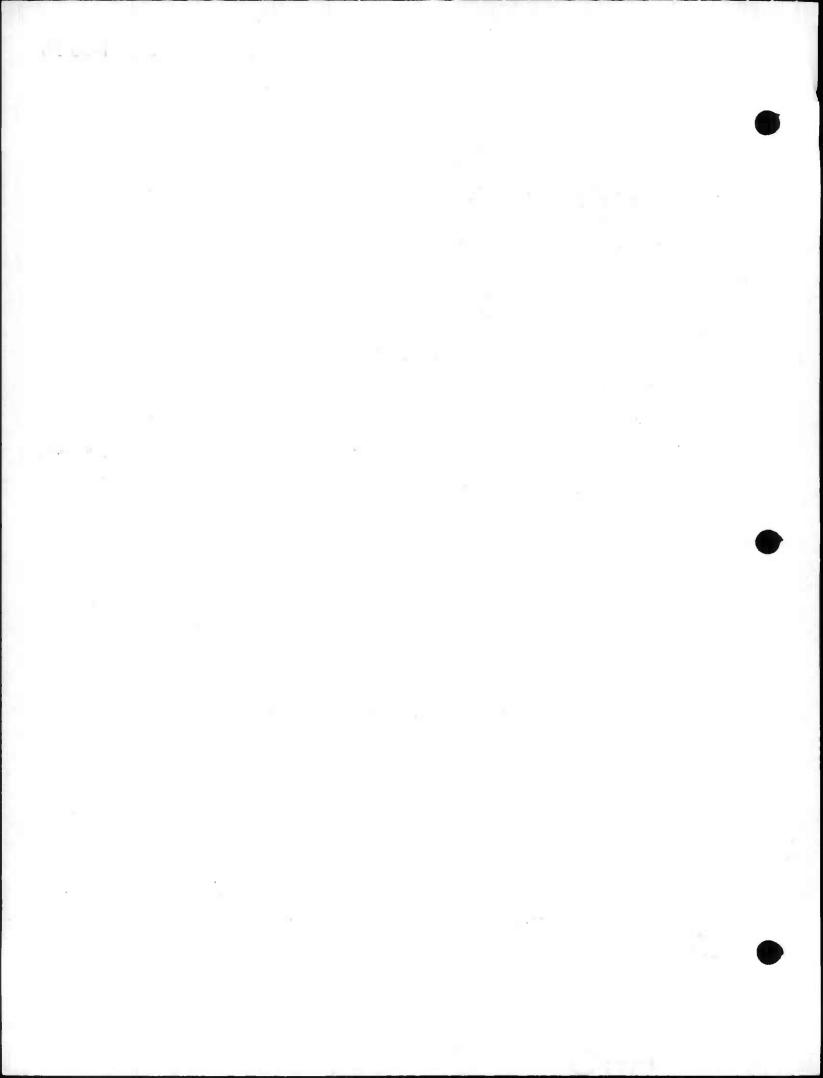
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 1994 James Alfred Hoyt Sr. June 11:30 A M 4. SOCIAL SECURITY NUMBER S. SEY 6. AGE (In yrs. last birthday) JF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Meb. 5, 070-24-0472 1 M 2 F 81 Feb. Carolina South 9a. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 725 Mt. Wilson Ln. Apt. 531 Owings Mills Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Owings Mills 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 725 Mt. Wilson Lane 531 Apt. 21117 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 YES 2 X NO Specify: BY 3 Wildowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (So Elementary/Secondary (0-12) Steamship Executive Grace Lines Steamship Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname at James A. Hout Clare Haynesworth Kinard BE notified 19a. INFORMANT'S NAME (Type/Print) ဝ James A. Hout IV 3717 Thoroughbred Lane Owings Mills. Md. 21117 Pe 20s. METHOD OF DISPOSITION
1. Burlel 2 Cremetion 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must Elmwood Cemeteru 6-28+94 Columbia. S. Carolina 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road Eline Funeral Home work Reisterstown, Md. 21136 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ehock, or heart feilure. List only one cause on each line Intervai Between Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUEN traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENT If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO M 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a, DATE OF INJURY 28b TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 K Natural 5 Pending 1 YES 2 NO В 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be 28 4 Homicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4000 Old Court Road

Pikesville, Md.



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	1. DECEDENT'S NAME (First, Middle	e, Last)		FICATE OF		2. DATE OF DEATH		3. TIME OF DEATH				
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	4. SOCIAL SECURITY NUMBER			MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fore Country)				
	215-05-4285					11-18-1	916 1	Maryland				
œ		n, give street and number)			OR LOCATION OF D	EATH	9c. COUNTY					
5	St. Josephs Hospital Baltimore Balto. RESIDENCE OF DECEDENT											
R	1000	COUNTY	10c. (CITY, TOWN OR LOCA		10d, INS						
	MaryLand 10e. STREET AND NUMBER				Ltimore		,	1 X YES 2 1				
FUNERAL DIRECTOR		ast Ave.		10	of. ZIP CODE	1.	_	N OF WHAT COUNTRY?				
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	1 Never Married 2 Merried	EDDDESO .	YES 2 NO	It yes, s		n, Puerto Rican, etc.)	1 10	Black, White, etc.				
) BY	3 X Widowed 4 Divorced							Specify: White				
E	15. DECEDENT (Specify only highes	"S EDUCATION st grade completed)	(Give kind	I'S USUAL OCCUPATI of work done during m use retired.)		16b. KIND OF BL	ISINESS/INDUS	TRY				
PLE	Elamentary/Secondary (0-t2)	College (1-4 or 5 +)		naker			Home					
COMPLETED	17. FATHER'S NAME (First, Middle, Le			· · · · ·	ta, MOTHER'S NA	ME (First, Middle, Maider						
ш	Salvatore Ro	ampolla				ia Tri						
TO B	190. INFORMANT'S NAME (Type/Prin	nt)	and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)						
F	Michael F. Hybdzinski 245 Southeastern Court 21221											
	20g. METHOD OF DISPOSITION 1-S Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 3 Removal from State 4 Donation 5 Other (Specify)											
	4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV		Jt. Sto	inislau.	1 Cem.	16/25 B	alto.,	Md.				
	Hartley Miller Funeral Home											
	23. PART i. Entar the disease shock, or heart fa iMMEDIATE CAUSE (Final disease or condition	allure. List only one caus	se on each line.	o not anter the me	oda of dying, aud	nd Rd. Be has cardiac or resp	alto.	t, Approxima interval Be Onset and				
TIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Aspero	caused the death. Do le on each line. OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	on ot anter the monotone of the other officers.	oda of dying, aud	nd Rd. Be has cardiac or resp	alto.	t, Approxima interval Be				
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)			7412 01	DEATH	2. DATE	2. DATE OF DEATH			3. TIME OF OEATH	
- 17	MARY	PAULTNE	Н	ILLES		06	06 20 9			11:45	р_ м
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8,	BIRTHP	LACE (State or Fo	
	217–56–4687 9e. FACILITY NAME (If not institution, give st	1 M 2 X F	86 YRS.		NTHS DAYS HOURS MIN. (Month, Day, Year) Count 03-06-08 D. CITY, TOWN OR LOCATION OF DEATH 9e. COUNTY OF D				OF DEA	JAPAN	
DIRECTOR	1525 MARRIOTSVII				IOTSVILL				HOW		
3EC	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				1	IOd. INSIDE CITY	
	MARYLAND HO			OTSVILLE					LIMITS?	NO	
FUNERAL	1525 MARRIOTSVILI	E ROAD		"	211	10g. CITIZEN OF				A.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN	NIC ORIGIN? (Specify Yes or No. 14. RAC				en,
ВУ Е	1 Never Merried 2 Married 3 Widowed 4 Divorced	ATES XNO		2X NO Speci		lican, etc.)		Specify.	WHITE	,	
TED	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S US (Give kind of wor	k done during mo	ON st of working	16b.	KIND OF BUS	INESS/INDUST	rry		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	NURS				HEAL	TH CAR	E		
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	fiddle, Maiden	Surname)			
BE C	LADONACE HILLES				ANNIE	BROUN	Œ				
TO B	19e. INFORMANT'S NAME (Type/Print)	TOF	() 19b. MAILING A	DDRESS (Street e	nd Number or Rural	Route Numb	er, City or Town	, State, Zip Co	de)	21104	
۴	MARGARET MATHEWSO	ON (ADMINISTE	RA 1525 MA	RRIOTS	VILLE RO	AD MA	RRIOT	SVILLE	MAI	RYLAND	
	20e. METHOD OF DISPOSITION 1	oval from State can	PLACE AND DATE OF netery, crematory or othe W CATHEDF	DISPOSITION (Na	me of	DATE	20c. LO	CATION — City	or Tow	n, State	
	21. SIGNATURE OF FUNDAL STRVICE EN		EW CAIREDE		ID ADDRESS OF F		4 DAL	LINORE	1 1/1/	HKILMID	
	Lumeean) >d.		LEROY	M & RUS	SELL	C WIT	KE FU	VER/	AL HOME	S
_			daha daab Baasa	11630 I	DMONDSO	N AVE	NUE C	TONSV	ILLI		***
	23. PART i. Enter the disessea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac Archy Hmiss										etween d Death
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of):										
PHYSICIAN: MEDICAL	PART II. Other significant condition Senile Dem Hypothyco: DID TOBACCO USE	entia			241	PERFORMED?		MED?	0	VERE AUTOPSY FINALLABLE PRIOR COMPLETION OF	TO
AN	25. WAS CASE REFERRED TO MEDICAL		37.1002 01		ACE OF DEATH (C	1	9)				
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		THER:	• 5 KResidence						
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJ	URY AT	_		JURY OCCUR	ED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	INJUE	M 1 🗆 1	RK? /ES 2 NO							
TED	3 Suicide 8 Could not be determined Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Rou City or Town, State)									ute Number,	
COMPLETED		CIAN: To the best of my know							euse(e)	and menner ee s	tated.
	29b. SIGNATURE AND TITLE OF CERHFTER				29c. LICENSE NU	IMBER		29d. DATE SI	GNED (Month, Day, Year)	
TO BE	Mull Miles	-m			0223	142		16/2	119	4	
	30. NAME AND ADDRESS OF PERSON WHO	o completed cause of DE	D 390	rint) 0 N	Charles	54	5m	te 104	,	2121	8
	JUN 2 4 1994	32 REGISTRAR'S OIGH	ATHRE								

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The MANAICHAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.

The MANAICHAN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be compared with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOND TO THE FUND Be gled with

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH		
	SYLVIA	JANSSEN				JUNE	JUNE 22 1994			7:15P M						
	4. SOCIAL SECURITY NUME	5. SEX 6. AGE (In yrs. last		rs. last birthday)			IF UNDER	24 HRS.	7. DATE OF I	HTH	1))	S. BIRTH	IPLACE (State or Foreign			
	219-18-300	0	1 🗌 M 2 💢 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	March	1 · 1	905	Countr	ryland		
										NTY OF D						
۳ا	IIMTVEDETT	ī	Baltimore City.													
Ĕ	UNIVERSIT	EDENT	PLIAL	Salet					e c	ITY.						
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CI	TY, TOWN	OR LOCA	ATION						10d, INSIDE CITY LIMITS?		
	Maryland				Ba	ltim	ore							1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER						.10	of. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?		
띨	2748 Pelha	m Aven	iue					21213	3			IJ.	S.A.			
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U	S. ARMED	13	. WAS DE	CENDENT C	F HISPAI	NIC ORIGIN? (S			14. RACE	- American Indian.		
	1 Never Married 2		FORCES? 1					pecify Cubs S 2 💢 NO		n, Puerto Rica y:	1, etc.)		Speci	k, White, atc.		
8√	3 🔀 Widowed 4 🗌 Divo	rced												White		
	15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)	16	a. DECEDENT'S	S USUAL	OCCUPAT	ION	30	16b. KIN	D OF BUS	SINESS/INI	DUSTRY			
COMPLETED	Elementary/Secondary (0	1-12)	Cotlege (1-4 or 5	+)	life. Do NOT i	use retired)		.9							
MP	N/A		N/A		Homema	ker				Own	Home	5				
Ö	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Midd	e, Maiden	Sumame)				
ш	Joseph Nova	.k						The	eresa	a Zunt						
8	19e. INFORMANT'S NAME (ype/Print)			19b. MAILIN	G ADDRE	SS (Street	end Number	or Rural	Route Number, (City or Town	n, State, Zij	p Code)			
임	Doris Digia	como (Niece)		2605	Tay	lor	Avenu	ie, I	Baltimo	ore,	Md.	212	.34		
	20e. METHOD OF DISPOSIT			20b. PL	ACE AND DATE	OF DISPO	OSITION /A	lame of		DATE			_	r Town, Stata		
	1 Donation 5 ☐ Other		oval from State	Pa	rkwood	Cem	eter	У		6/27	Ва	altin	ore.	Maryland		
	21. SIGNATURE OF FUHERA	SERVICE LIC	ENSEE	7_	1	2:	2. NAME /	AND ADDRE		CILITY				rad J zara		
	1///-	/	06		*					neral I						
_	"IIII	100	1-6	pu		-	<u>3331</u>	Breh	ms l	Lane, I	Balti	lmore	, Md	. 21213		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onest and Posts.															
	IMMEDIATE CAUSE (Fine) disease or condition Onset and Death															
	disease or condition resulting in death) s. Here is in the second															
	DUE TO (OR AS A CONSEQUENCE OF):															
z I	Sequentielly list condit	ione T	b													
ĔI	if any, leading to imme	diete	DUE TO	(OR AS A CO	ONSEQUENCE (DF):										
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju		Pur m	(OD 10 1 0)	NOTALIEU A											
Ë	thet initiated events resulting in death) LAS	т 📗	DUE 10	(OH AS A CO	ONSEQUENCE (OF):										
<u> </u>			-													
	PART II. Other significe	nt condition	s contributing to	death but	not reeuiting	in the	underiyi	ng ceuee	given in	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS		
EDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE		
		/								_ '	YES 2	□ NO		OF DEATH?		
2	DID TOPACCO) LICE C	CAITDIBLIT	TO 6	ALICE OF	DEA	711 1	VFC [7]	NIC					1 YES 2 NO		
A I	DID TOBACCO		CHIKIBUIL	: 10 C	AUSE OI	DEA			NC							
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:		50 III LV	ОТНІ	ER:			eck only one)						
≥	1/2 YES 2 NO		1 inpatient 2			_	1		aldence	6 Other (Sp						
ᇤ	27. MANNER OF DEATH 1 Destural 5	Pending	28a. DATE OF (Month, E		28b. TI	ME OF	W	JURY AT	/	28d. DESCRI	BE HOW I	NJURY OC	CURED			
à l		Investigation	6/20	94	len	Cum		YES 2	NO	Sul	ect	Te	4			
		Could not be	building.	atc. (Specify)	At home, term,	street, to	ectory, offi	Ice	,	281, LOCATA	N (Street a	nd Numbe	r or Rural I	Route Number,		
4 Hombide determined home 2748 Pelhan Prime								Whene								
29e. CERTIFIER (Check only one)								tri -0 m. 1								
7 Suicide 6 Could not be detarmined building, stc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated building. Stc. (Specify) 2 THS VELLAGE Number: 3 THS VELLAGE Number: 3 THS VELLAGE Number: 3 THS VELLAGE Number: 4 T									The over Mand							
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,								Afonth One Man								
5	38. NAME AND ADDRESS D	F PERSON WH	O COMPLETED CAU	SE OF DEATH	V(ITEM 27) (Typ	e Print)	//	1 0		1.1.			OUNE	23 1334		
	THEDNIL	EL	1.Kine		U		read	- p.	- 1 t -	imoro	Ma	707 - 7	and.	21201		
	31. DATE FILED (Month. Day	Ybari	32. REGISTA			St.	тее	L, B	art.	ппоте	Ma	тут	and	21201.		
	JUN 2 4 19	94	Juni Dania	- Ren	ساسم											
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within horse fler death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		T	3. TIME OF DEATH	
	Edythe Irene Ke	elso				June 22,	1994	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHE	PLACE (State or Foreign	
	218-14-1536	1 🗆 M 2 🔯 F	72 YRS.	MONTHS DAY		(Month, Day, Year)	Country)	
	9a. FACILITY NAME (If not institution, give s	**	12	AL 0171		March 11			yland	
œ					WN OR LOCATION OF D	EATH	9c. COUNT	Y OF DE	ATH	
DIRECTOR	4334 Bartholow Ro	ad		Syke	sville		Car	rol.	1	
ប្រ	10a. STATE 10b. COUNTY	,	40- 047	Y, TOWN OR LO	20171011					
<u> </u>			100.01						10d. INSIDE CITY LIMITS?	
		011		Sykesv					t TES 2 NO	
BY FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF W	HAT COUNTRY?	
ÿ	4334 Bartholow Ro	ad			21784		U.	S.A	•	
<u>ה</u>	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify	Yea or No- 14		- American Indian, White, atc.	
>	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			s, specify Cuban, Maxic YES 2 ី NO Speci		' I	Specify	<i>t</i> :	
	3 Widowed 4 Divorced								White	
ш	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUP	PATION of working	16b. KIND OF	BUSINESS/INDUS	STRY		
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	most or working					
릴	12 Years		Housew	7ife						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	AME (First, Middle, Mai	den Surneme)			
	George Wheatley				Eunic					
BE	19a, INFORMANT'S NAME (Type/Print)		19h MAII IAM	Annaree /o-	eet and Number or Rural		Town Chain 7:- 0	orde1		
2	Mr. Edward C. Kel	60								
		80			low Road			217		
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE cemetery, crematory or of	OF DISPOSITION	N(Name of	DATE 20c.	LOCATION — CIT	ty or Tow	rn, State	
	4 Donation 5 Other (Specify)		daryland	Vetera	n Cemeter	y 6/27/94	0wings	Mil	ls. MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE	\	22. NAM	E AND ADDRESS OF FA	ACILITY				
	- Sul. 1/	ALL	1		ing Byers					
	23. PART i. Enter tha diseases, or o	1-	0	8/2	8 Liberty	Road Ra	ndallst	own,	MD 21133	
À	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause	on each line.		e lu				Approximate Interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): Due to (or as a consequence of):									
ا ك		•								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
	DID TOBACCO USE (CONTRIBUTE .	TO CAUSE OF	DEATH	YES NO				-	
CIAN	25. WAS CASE REFERRED TO MEDICAL				B. PLACE OF DEATH (C)					
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:		, , , , , , , , , , , , , , , , , , , ,				
	27. MANNER OF DEATH	28a. DATE OF IN.			Home 5 Residence		W IN HIER COC:	000		
PHY	1 Natural 5 Pending	(Month, Day,		JURY	WORK?	28d. DESCRIBE HO	W INJURY OCCUI	HED		
BY	2 Accident Investigation			'	YES 2 NO					
3	3 Suicide 8 Could not be	28s. PLACE OF II building, atc	NJURY — At home, farm, . (Specify)	street, factory,	office	281. LOCATION (Str. City or Town, St	eet and Number or	Rural Ro	oute Number,	
4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
3				on, in my opinio	m, destil occurso at the	o time, data and placa	, and due to the c	CEUSA(S)	and manner as stated,	
4	296, SIGNATURE AND TITLE OF CHRISTIES	1			29c. LICENSE NU	MBER	29d. DATE S	SIGNED	Month Day Opril	
2	/ In della	M			(U 27)	9 11	 	01.	25/11	
=	30. NAME AND ADDRESS OF PERSON WHO	t, WV	OF DEATH (ITEM 27) (Type	Print)	VA RA	Flow	Sbue	N	1021784	
	JUN 2 4 1994	32 REGISTRAR'S	SIGNATURE		0	(1)	×			

65-1;

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAH		- CL	-1411111	CALE	OF D	EAL	П	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	o and						- 1	2. DATE OF DEATH DA		YEAR	3. TIME OF DEATH
	Agnes K. Kor								June 23,			
	213-07-0014	5. SEX 1 M 2 F	6. AGE (In yrs. lest	YRS.	MONTHS D		OURS 2	MIN,	7. DATE OF BIRTH	912 8. BIRTHPLACE (State or Foreign Country) Maryland		v)
	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
S S	Stella Maris	Ĭ		Tow	son			Baltimore				
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT											
DIRECTOR	Md. Bal		nda1							10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	3026 Dunleer		101. ZIP CODE 21222					10g. CITIZEN OF WHAT COUNTR				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 V Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES									a or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDU	ICATION	18a, DE6	CEDENT'S	USUAL OCCL	JPATION	-		18b. KIND OF BUS	INESS/INC	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 1 2 th	College (1-4 or 5 +)	(GI	ve kind of w Do NOT use	ork done duri	ng most o	f working					
S	17. FATHER'S NAME (First, Middle, Last)					18	. MOTHE	ER'S NAM	E (First, Middle, Maiden	Sumame)		
	John Maly								ohine Hr	,		
BE	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	AODRESS (S	treet and i			oute Number, City or Town		Code)	
9	Anthony P. K	opecni d	Jr. 3	3026	Dun	leei	R	d. I	Dundalk 1	Md.	212	22
	Anthony P. Kopecni Jr. 3026 Dunleer Rd. Dundalk Md. 21222 20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Holy Redeemer 20b. PLACE AND DATE OF DISPOSITION (Neme of cemetery, crematory or other place) Holy Redeemer 20c. LOCATION — City or Town, State 6/25 Baltimore, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0/)	22 NA	ME AND	DDRESS	OF FACE	LITY			
	· Colt	Cons	elle	1								undalk 1k 21222
	23. PART i. Enter the diseases, or shock, or heart fallura.	complications that List only one cause	caused the de	an. Do n	ot entar th	a mode	of dyln	g, auch	as cardiac or respin	ratory an	rest,	Approximate interval Between
	Open and Death											
	disease or condition a. HEMORRHAGE - BILIARY TREE hours.											
_	disease or condition a. HEMORRHAGE - BILIARY TREE HOURS. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. D. CHOLANGIO CARCINOMA AMOS										1 4105	
CERTIFICATION												
\A_	If any, leading to immediate cause. Enter UNDERLYING	C.										
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF):							
E E	resulting in death) LAST	d					_					
	PART II. Other eignificant condition	ns contributing to	death but not re	esulting I	n the unda	rlying c	ause gi	van in P	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL									PERFOR	2/		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀									1 YES 2	XNO		DF DEATH?
Σ.									-			1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL					26. PLAC	E OF DE	ATH (Chec	ck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Oulpatient 3	□ DOA	OTHER:	Home !	5 🗆 Resi	idenca 6	KOther (Specify)	105	nic	6
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF I		28b. TIME	OF 28	c. INJURY	AT	_	28d. DESCRIBE HOW II	JURY OC	QURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,,,			YES		NO				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, e	INJURY — At hor etc. (Specify)	me, ferm, s	treet, factory	, offica			281. LOCATION (Street a City or Town, State)	nd Number	r or Rural R	loute Number,
					·							
COMPLETED									o the cause(a) and man ime, data and place, and) and manner se stated.
2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner 29c. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day,												
TO BE	36. NAME AND ADDRESS OF PERSON W	Fau	LRNG E OF DEATH (ITEN	1 27) (Tunn	Print) =	25	643	> (0/0	13/94
	DR. Kendall 31. DATE FILED (Month, Day, Year)	2 Fau 1	Loev	Md.		60,	Du	1 las	reyld!	lev	Ru	21004
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DIVISION OF VITAL RECORDS, P.C

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN	
	Irene G. Krivosh				6 2			
		100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTNPLACE (State or Foreign	
	207-16-5911 1 N 2 X F 70	YRS.	127	4	lar. 19, 19	924 Pe	ennsylvania	
œ l	9a. FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN O	R LOCATION OF DEA	ATH	9c. COUNTY	DF DEATN	
DIRECTOR	Holly Hill Nursing Home Towson					Bal	to.	
E E	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY	
	Maryland Baltim			re			1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					10g. CITIZEN OF WHAT COUNTRY?		
	15.23 Lockwood Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECE			21214 USA				
	1 X Never Married 2 Married			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea If yes, specify Cuben, Maxican, Puerlo Rican, atc.)			Black, White, atc.	
BY	3 Widowed 4 Divorced			1 TES 2 X NO Specify:			Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S US (Give kind of work			16b. KIND OF BUS	INESS/INOUSTI	RY	
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	etired.)					
Ĕ	12 Secretary 7. FATNER'S NAME (First, Middle, Lust) 48. MOTHER'S				Attorney			
	The state of the s				R'S NAME (First, Middle, Meiden Surname)			
BE	Michael Krivosh 196. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS /S			Mary Pavlik and Number or Rurel Route Number, City or Town, State, Zlp Code)				
임	Mille Krivosh 1523 Lockwood Rd., Baltimore, MD 21214							
	20a. METHOD OF DISPOSITION 1 X Burial 2 Craffilition 3 Removal from State cem	PLACE AND DATE OF C	DISPOSITION /Na	ne ol		ATION — City	or Town, State	
ŀ	4 Donetion 5 Oyler (Specify)	arkwood C				imore,	, MD	
	21. SIGNATURE OF SEMERAL SERVICE LICENSEE		ALTEN	BURG FUNI	RAL HOME,	P.A.		
	Mary alle		6009	Harford I	Rd., Balti	more,		
N: MEDICAL CERTIFICATION	23. PMT I. Enter the diseases, or complications that celesed the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory srrest, shock, or heartfallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF):							
	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilieted events resulting in death) LAST 6. COYO nary aveliny described and consequence of: COYO nary aveliny described avents are consequence of: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.							
								PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse give
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO							
	Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)							
BY P	27. MANNER OF DEATH 1							
3 Suicide 4 Nomicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Nomicide 29e. CERTIFIER (Check only one) 29m. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place						et and Number or Rural Route Number, ste)		
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.							
	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.							
밀	9b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
2	Saba Siddigs Physician D4/496 > 6/23/94 D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
Saba Siddigi M.D. 6212 Sykesville Rd. Sykesville, Md. 21781 31. DATE FILED (Month, Day, ber) A BEGISTRAR'S SIGNATURE IIIN 2 1 1994 Suit Suiter Russes								
	JUN 44 1334 (1			-			DUNIU 40 D-11 400	

070	physician
BALLIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician
	6
NDZ	hospital
<	the
_	3
MAK	retained
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Y	may
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Ξ	Page
AL	death.
מ	after
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2	With
7	2
100/00	executed with
0	83

DIVISION OF VITAL RECORDS, P.O. BOX 6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGIOTIVAL			_,,,,,,	IONIL	VI		111	PH	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DAY		VEAR	TIME OF DEATH
	RICHARD P.	Kul		12.55					06	22		74	1353 M
	4. SOCIAL SECURITY NUMBER 219 - 28 - 1963	5. SEX	6. AGE (In yrs. las	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day	(Year)		Country)	ACE (State or Foreign
- 1	9e. FACILITY NAME (If not institution, give :	street end number)			96. CITY, T	rown o	R LOCATI	ON OF DEA		1-	c. COUNT	Y OF DEAT	ARYLAND
OR	MERCY MEDICAL	CENTER		BALTIMORE BALTIA							LTIM	ORE	
ត្ត	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT										1 40	d. INSIDE CITY	
L DIRECTOR	MARYLAND	BALTIMO	DRE			CATO	NSV.					1	LIMITS?
FUNERAL	9 MELVIN AVENUE					101	ZIP COD	± 21228				J.S.A	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	FORCES?	NT EVER IN U.S. AF 1 12 YES 2 1 MAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					ecify Yes or , etc.)	No- 1	Panaltu	American Indian, Thita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G		USUAL OCC			ng	16b. KIN	OF BUSIN	ESS/INDU	STRY	
APLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)		RING S	SPEC	CIAL	IST	N.S	S.A.			
ő	17. FATHER'S NAME (First, Middle, Lest)								E (First, Middle	, Malden Su	mame)		
BE	JOHN KULACKI						AND	NA SK	ALINSK	I			
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	nd Number	or Rural Ro	oute Number, C	ity or Town,	State, Zip C	Code)	
F	MARY L. KULACKI	(WIFE)	9	MELV	IN AV	EN			VILLE	MARYI	AND	212	28
	20e. METHOD OF DISPOSITION 11 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	novel from State	20b. PLACE cemetery, cre MARVI	ematory or o			CEME	5/28/ TERY	94PATE			FORE	ST, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	the L			LEE	ROY	M &	SS OF FAC RUSS	ELL C				L HOMES
CERTIFICATION		a. CARD OUE TO DUE TO	OR AS A CONSE	ATH OUENCE OF	TUS F):								Interval Between Onset and Death YEAKS YEAKS
CER		d											
V: MEDICAL	PART II. Other significent condition	na contributing to	deeth but not	reauiting	in the und	erlying	ceuse	given in F	F 8	WAS AN AU PERFORME YES 2	ED?	AN CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE F DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				_	ACE OF D	EATH (Che	ck only one)				
S	1 TES 2 NO		ER/Outpetlant	□ DOA	OTHER:		5 🗆 R	esidence (Other (Spi	ectly)			
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OI (Month, L	F INJURY Day, Year)	28b. TIM	E OF 2		URY AT RK? 'ES 2		28d. DEŞCRIE	E HOW INJ	URY OCCU	JREO	
	3 Suicide 8 Could not be determined	28a. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, Jarm,	straet, factor	ry, offic	1,0		28f. LOCATION City or Tox		Number o	r Rural Rou	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												nd menner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIE	R B	PhDn	10			29c. LIC	ENSE NUM	BER	2	end. DATE	SIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI												
	DANIEL R. BROW 31. DATE FILED (MORTH, DWX 1994		AT ST PA		LACE,	BA	LTIA	TORE	114	2	1203		

Pages 1, 2, 3 should

permit.

funeral director, page 5 should be detached for use as the burial-transit

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COMPLETED

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3 Suicide

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	13	36	됷
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE UNIT HOUSE THE THE death certificate be executed within 24 hours after di	TO THE FUNERAL DIRECTOR: Ame into certified in by the 1	be filed within 72 noun after these with the Sale than the Halls and Mental Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DONG 06 HIII 94 01:00 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 X M 2 - F YRS 216-23-1898 06-17-1916 KOREA 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION DIRECTOR A.A. COUNTY GLEN BURNIE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ANNE ARUNDEL SEVERNA PARK 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 80 STRATFORD DRIVE 21146 KOREA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. FUNCES? 1 YES 24 NO If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 XNO Specify: 1 Never Married 2 X Merried BY Specify: 3 Widowed 4 Divorced ORIENTAL COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) SELF EMPLOYED 0 TAXI 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BOK HYUN SOON BOK BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MYEONG CHAN KIM 80 STRATFORD DRIVE, SEVERNA PARK, MD 21146 20e, METHOD OF DISPOSITION

1 W Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 6/24/ PARK 20c. LOCATION — City or Town, State MEADOWRIDGE MEMORIAL 4 Donation 5 C Other (Specify) ELKRIDGE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W., GLEN BURNIE, MD61 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiec or respiratory errest, **Approximsts** shock, or heert failure. List only one ceuse on each lina. Interval Between **IMMEDIATE CAUSE (Final Onset and Desth** disease or condition Acuti Drechmonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

Sequentisity list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 AND Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 29b. SKUMATURE AN DF CERTIFIER

019512

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 6-21-94

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SANG C. DOH, M.D./1600 CRAIN HIGHWAY, SW, #206/GLEN BURNIE, MARYLAND 21061

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

no

JUN 2 4 1994

6 Could not be

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 4						7		
- 4	1. DECEDENT'S NAME (First, Middle, Last)	LUDES	RUTH R.	LUDES		-	2 1995	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		IGE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or For Country)
	578-12-2620	1 M 2 X F	81 YRS.			MAY 3, 19	13 P	ENNSYLVANIA
~	9n. FACILITY NAME (If not institution, give				N OR LOCATION OF D		9c. COUNTY	
DIRECTOR	HOLY CROSS HOSPIT	AL		SILV	ER SPRING		MONT	GOMERY
	10a. STATE 10b. COUNT	тү	10c. CIT	Y, TOWN OR LO	CATION		100	10d. INSIDE CITY
		INE ARUNDEL		EDGE	WATER			1 YES 2 1
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E I	1400 PENNINGTON C				21037			SA
	1 Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	rES 2 NO	If yes,	DECENDENT OF HISPA , apecify Cuban, Maxic YES 2 XNO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No— 14.	RACE — American India Black, White, etc. Specific HTTE
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	H DATES /	1,0,	YES 2/ JUNO Speci	ry:		Specificial
8	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPI	ATION most of working	18b. KIND OF BU	SINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)				
MP	1. FATHER'S NAME (First, Middle, Lest)	Ø	HOMEMA	AKEK		HOME		
	THOMAS RABBIT				MINNIE	AME (First, Middle, Malder UNKNO		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Tov		de)
임	BILL HEIDER				TON COURT			YLAND 2103
	20s. METHOD OF DISPOSITION 1 Durisl 2 Cremation 3 Rer	mount from State	20b. PLACE AND DATE	OF DISPOSITION	I (Name of		CATION — City	
	4 Donation 6 Other (Specify)		ARLINGTON	NATION	IAL CEM.	16/24 ARL	INGTON	VIRGINIA
-	21. SIGNATURE OF FUNERAL SERVICE L	0000	61		E AND ADDRESS OF F	FLECK	FUNER	AL HOME. I
	· (ala	Melle	0001	76	01 SANDY	SPRING ROA	D, LAU	REL, MD 20
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR(AS A CONSEQUENCE O	See De	art -	foulur		
IFICATION	disease or condition	b. At-W	AS A CONSEQUENCE O	Tre - B	and -	dina	ne	
E	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. At-W	AS A CONSEQUENCE O	Tre - B	and -	dina	ne in	
CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR /	AS A CONSEQUENCE O	F1:	Heart	dura Pert I. 24a, WAS AT		Onset and
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MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR /	AS A CONSEQUENCE O	F1:	and —	PERFO	RMED?	24b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR /	AS A CONSEQUENCE O	F):		PERFO	RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	DUE TO (OR /	AS A CONSEQUENCE O	F): In the underly 26 OTHER:	I. PLACE OF DEATN (C	PERFO	RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?
SICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	DUE TO (OR /	AS A CONSEQUENCE O AS A CONSEQUENCE O th but not resulting	F): In the underly 26 OTHER: 4 Nursing h	. PLACE OF DEATN (C	PERFO 1 YES heck only one) 6 Other (Specify)	RMED? 2 🗀 NO	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N
PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATH 1 Heatural 5 Pending	DUE TO (OR / DUE TO (OR / DUE TO (OR / d. DOBA CONTributing to deal HOSPITAL: 1 @ Inperient 2 ER/ / 28e. DATE OF INJU (Month, Dey, Ye	AS A CONSEQUENCE O AS A CONSEQUENCE O th but not resulting	F): In the underly 26 OTHER: 4 Nursing 8E OF 28c.	s. PLACE OF DEATN (C	PERFO	RMED? 2 🗀 NO	24b. WERE AUTOPSY FILE AMAILABLE PRIOR COMPLETION OF COF DEATH? 1 YES 2 N
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ED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR / DUE TO (OR / DUE TO (OR / d. DOB CONTributing to deal DOB CONTRIBUTION TO CON	AS A CONSEQUENCE O AS A CONSEQUENCE O th but not resulting Outpetient 3 □ DOA IRY 28b. TIN INI IURY — At home, farm,	F): In the underly OTHER: 4 Nursing BE OF 28c. JURY M 1 [I. PLACE OF DEATN (C Home 5 Residence INJURY AT WORK?	PERFO 1 YES heck only one) 8 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 NO INJURY OCCUR and Number or	24b. WERE AUTOPSY FI ANALABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 P
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 1 MEDICAL EXAMINER.	DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / d. DUE TO (OR /	AS A CONSEQUENCE O AS A CONSEQUENCE O AS A CONSEQUENCE O The but not resulting Coutpetient 3 DOA RRY 28b. Till RN Specify) At home, farm, (Specify) At home, farm, (Specify) At home, farm, (Specify)	in the underly 26 OTHER: 4 Nursing h IE OF 28c. JURY M 1 street, factory, o	PLACE OF DEATN (Come 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and du n, death occured at the 29c. LICENSE NU	PERFO 1 YES 1 YES Theck only one) 8 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stele	INJURY OCCUR and Number or I	1 YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined detarmined. 29a. CERTIFIER (Check only one) 1 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER One) 1 OF CERTIFIER ONE) 20 NAME AND ADDRESS OF PERSON W	DUE TO (OR / DUE TO (OR / DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / DUE T	AS A CONSEQUENCE O AS A CONSEQUENCE O AS A CONSEQUENCE O The but not resulting The but	in the underly 26 OTHER: 4 Nursing h IE OF 28c. JURY M 1 street, factory, a on, in my opinion o, Print)	I. PLACE OF DEATN (C rhome 5 Residence INJURY AT WORK? YES 2 NO office dete and place, and du n, death occured at the 29c. LICENSE NU D 3 9	PERFO 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State a to the cause(s) and mage time, data and place, a	INJURY OCCUR and Number or I	24b. WERE AUTOPSY FILE AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N RURAL Route Number, BURGED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 1 MEDICAL EXAMINER.	DUE TO (OR / DUE TO (OR / DUE	AS A CONSEQUENCE O AS A CONSEQUENCE O AS A CONSEQUENCE O th but not resulting TOutpetient 3 DOA IRY 28b. TiM IN. Courpetient 3 DOA IRY Courpetient 3	in the underly 26 OTHER: 4 Nursing h IE OF 28c. JURY M 1 street, factory, a on, in my opinion o, Print)	I. PLACE OF DEATN (C rhome 5 Residence INJURY AT WORK? YES 2 NO office dete and place, and du n, death occured at the 29c. LICENSE NU D 3 9	PERFO 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State a to the cause(s) and mage time, data and place, a	INJURY OCCUR and Number or I	24b. WERE AUTOPSY FILE AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N RURAL Route Number, BURGED (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH AND	D MEI	NTAL HYGIENI REG. NO.	E			
	DECEDENT'S NAME (First, Middle, Last) ROSE				SMAN		DATE OF OEATH	TH DAY YEAR 3. TIME OF DEAT			
150	4. SOCIAL SECURITY NUMBER 214-74-4796	5. SEX 6. AG	E (In yrs. lest birthday) YRS.		YEAR IF UNDER 24 HR	S. 7.	DATE OF BIRTH (Morth, Day, Year) 04/01/189	8. BIRTHPLACE (State or Fore Country)			
OR	9a. FACILITY NAME (If not institution, give st NORTHWEST HOSPIT				OWN OR LOCATION OF DALLSTOWN	DEATH		9c. COUNTY OF DEATH BALTIMORE			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALTI			TY, TOWN OR LTIMOR					10d. INSIDE CITY LIMITS?		
FUNERAL C	100. STREET AND NUMBER 7920 SCOTTS LEVEL	RD		-	10f. ZIP CODE 21208	-		109. CITIZEN USA	1 ☐ YES 2 💢 NO OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If y	S DECENDENT OF HIS res, specify Cuban, Mai YES Man NO Sp	xican, Pu		or No 14.	RACE — American Indian, Black, White, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT L	work done dui use retired.)	UPATION ing most of working		16b. KIND OF BUS				
	17. FATHER'S NAME (First, Middle, Last) BELKOWIT	Z			18. MOTHER'S	NAME (First, Middle, Meiden	Surneme)			
TO BE	19a. INFORMANT'S NAME (Type/Print) MR IRVIN LANDSMAN				TAFF RD.,						
	TABLE 1 Cremetton 3 Remoted 4 Donatton 9 Other (Specify)	ovel from State	0b. PLACE AND DATE	OF DISPOSITI			DATE 20c. LOC		or Town, Stata		
	21. BIGHATURE OF FUNERAL SERVICE LIC	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215									
ATION	23. PART I. Enter the diseases, or canock, or hear fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. MY OC DUE TO (OR AS	eech line.	- 1, DF):	NAMES				Interval Between		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):							
MEDICAL	PART II. Other eignificent conditions				6 812	in Part	I. 24s. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	CAUSE OF	OTHER:	YES N	(Check o					
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inputient 2 LER/Or 28a. OATE OF INJUR (Month, Day, Year	Y 28b. Til	4 - Nursin	g Home 5 Rasiden Bc. INJURY AT WORK? 1 YES 2 NO	_	Other (Specify)	JURY OCCUR	EO		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJU building, etc. (S)	RY — At home, ferm,	street, factor		281	. LOCATION (Street & City or Town, State)	nd Number or F	Rural Route Number,		
COMPLET	one	CIAN: To the beat of my known.							use(a) end manner as stated.		
BE	29b. SIGNATURE AND THUS OF CERTIFIER	Dona	10.1	MO	29c. LIGENSE	NUMBER 574	FO	29d. DATE SI	GNED (Month, DAy, Year)		
TO	IAN. SUNSE	COMPLETEO CAUSE OF	10 6	o, Print)	Litte A	ne	BAT	MI	2125		
	JUN 2 4 1994	32-REGISTRAN SI	History			1		,			

F. C.L.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF WITAN RECORDS, P.O. BOX 68760,

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9 m	.tor.	
E HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a mours after death. Page 6 may but	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	
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3	2	•

e retained by the hospital or attending physician.

• Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the founts after death. Page 6 may be retained by the hose TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
	BERNARD I	LE\	ENTHAL			JUNE 20,	1994	9:15 P M
		5. SEX 8. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTI	NPLACE (State or Foreign
	212-03-3330	¹\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	YRS.	ONTHS DAYS	HOURS MIN.	2/12/19:	18 Count	MD
1(9a. FACILITY NAME (If not institution, give stre	el and number)	9	b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF D	DEATN
CTOR	MILFORD MANOR NUM	RSING HOME			BALTI	MORE		
DIRECTOR		Himore	BALT	IMORE	TION		10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	7203 ROCKLAND HILI	LS DR., APT.	411		USA	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D. WWII-ARMY	2 NO		IIC ORIGIN? (Specify Yes n, Puario Rican, etc.)	or No — 14. RAC Blec WH	E — American Indian, k, Whita, etc.	
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	18a. DECEDENT'S US (Give kind of work	k done during me	ON sl of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLET	Elementally/Secondary (0-12)	College (1-4 or 5 +)	CLERK	etired.)		VETERANS	S ADMINIS	STRATION
BE COM	17. FATHER'S NAME (First, Middle, Last) ABRAHAM	LEVENTHA	L		18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
TO B	PHYLLIS LEVENTHAL					Poute Number, City or Town		IMORE, MD 2120
	METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove		PLACE AND DATE OF	DISPOSITION (Na	ame of	OATE 20c. LOC	CATION — City or To	own, State
	4 Donation 8 Other (Specify)	/ IV	OSES MONI	7			22/94 BA	ALTIMORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC.							
	23. PART I. Enter the diseases, or co	mplications that caused	the deeth. Do not	enter the mo	RETSTERS	NOWN RD BA	ALTIMORE_	MD 21215 Approximate
	ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition reaulting in desth) e.	Hataskette Due to (or as a	ech line.					Interval Between Onset and Death
z		Paul Qui o	CONSEQUENCE OF):	,				
임	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
	PART IL Other eignificent conditions	contributing to death b	ut not resulting in	the underlyin	a ceuse alven in	Part I. 24a, WAS AN	ALITOPSV 244	. WERE AUTOPSY FINDINGS
MEDICAL	Siezuce Disc	rder, 14	yper Clus	we h	SEUD.	PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO			
PHYSICIAN:		HOSPITAL:		THER:	ACE OF OEATN (Ch			
₹	1 YES 2 NO	I ☐ Inpetlant 2 ☐ ER/Outp 28a, DATE OF INJURY	atient 3 DOA 4			6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, ferm, stre			281, LOCATION (Street a	nd Number or Rural	Route Number,
빌	4 Homicide determined	building, etc. (Spec	elly)			City or Town, State)		
COMPLETE		AN: To the best of my know On the besis of exemination						a) end manner ea stated.
BE	296 SECRETURE AND TITLE OF GERTIFIER	Vario W			29c. LICENSE NUI			(Month, Day, Year)
2	10 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, By	int)	LD CT-	ROS BACT	T. FID.	71788
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					-	1 1

BOT.

ITEM: 1. PER F.H. FILM G-713 7/14/94 t.t.

94 ITEMS: 23 PART I, 27, PER MEO FILM G-713 7/1/94 t.t.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICALE	OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	LAM	STEVEN ALA	AN LAM		2. DATE OF DEATH DO JUNE 22	1994	3. TIME OF DEATH 1:38 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
219-60-5245	1 🔀 M 2 🗌 F	41 YRS.	MONTHS E	AYS HOURS MIN.	2/20753"	Co	Maryland
96. FACILITY NAME (If not institution, give st SAINT JOSEPH	HOSPITAL			WSON	DEATH	9c. COUNTY O	F DEATH
RESIDENCE OF DECEDENT							
Maryland Bal	timore	10c. CF	TOWN OR				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e, STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
1624 Myamby Road				21286		Ţ	JSA
10e. STREET AND NUMBER 1624 Myamby Road 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	If y	S DECENDENT OF HISPA es, specify Cuban, Mexic YES 2 NO Spec	ANIC ORIGIN? (Specify Yee an, Puerto Rican, atc.) ify:	8	ACE — American Indian, Black, White, etc. specify: White
15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Last)		16e. DECEDENT'S	USUAL OCC	JPATION	16b. KIND OF BUS	I SINESS/INDUSTR	
Elementary/Secondary (0-12)	College (1-4 or 5+)			ing most of working			
12th Grade		Servic	e Mana	ager	Automo	bile	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
Wilbur Lee Lam		<u> </u>		Doris	s Jean Blak	e	
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, Stete, Zip Code)
Kathleen Lam		1624	Myamby	Road To	wson, MD 2	1286	
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE cometery, crematory-or Parkwood	Cemete	ery	6/25/94	CATION — CITY O	
21. SIGNATURE OF FUNERAL SERVICE LIC	f Km	V		ME AND ADDRESS OF F			
23. PART i. Enter the diseases, or c	n. nopac	Jegs-	852	21 Loch Ray	ven Blvd.	Towson,	MD 21286
disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	EROTIC CARDI AS A CONSEQUENCE C	OF):	AR DISEASE			
that initisted events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	OF):				
PART II. Other significent condition	s contributing to dea	th but not resulting	in the unde	riying ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
DID TOBACCO USE C	CONTRIBUTE TO	O CAUSE OF	DEATH	YES I NO			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		CALOUE OI		26. PLACE OF DEATH (C			
EXAMINER?	HOSPITAL:	(Outpetings 2 DOS	OTHER:				
27. MANNER OF DEATH	26e. DATE OF INJU	JRY 26b. TII		g Home 5 Residence	28d. DESCRIBE HOW I	NURY OCCUBE	2
1 Natural 3 Sending Investigation	(Month, Day, Ye	ear) IN	JURY	WORK?	250. DESCRIBE NOW I	NJOHT OCCURE	
2 Accident "Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, atc.	JURY — At home, term, (Specify)	street, factory	, office	28t. LOCATION (Street of City or Town, Stete)	and Number or Ru	rel Route Number,
					e time, date end place, en		se(s) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIEF	J- C	hutens		29c. LICENSE NU			NED (Month, Day, Year) NE 22, 1994
30. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUSE O			root Pa	ltimoro	Marul	and 21201
24 DATE SHED (Mark As Mark	d		1111 51	Teer, pg	ltimore,	чат у т	1110 Z1ZU1
JUN 2 4 1994	32. REGISTRAR'S	SIGNATURE					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatht and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

DHMH-16 Rev 1/89

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'MD.

10d. INSIDE CITY LIMITS? 1 TES 2 NO

14. RACE — American Indian, Black, White, atc.

Interval Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 NO

and due to the cause(e) and menner as stated. 29d. DATE SIGNEO (Mgnith, Day, Year)

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

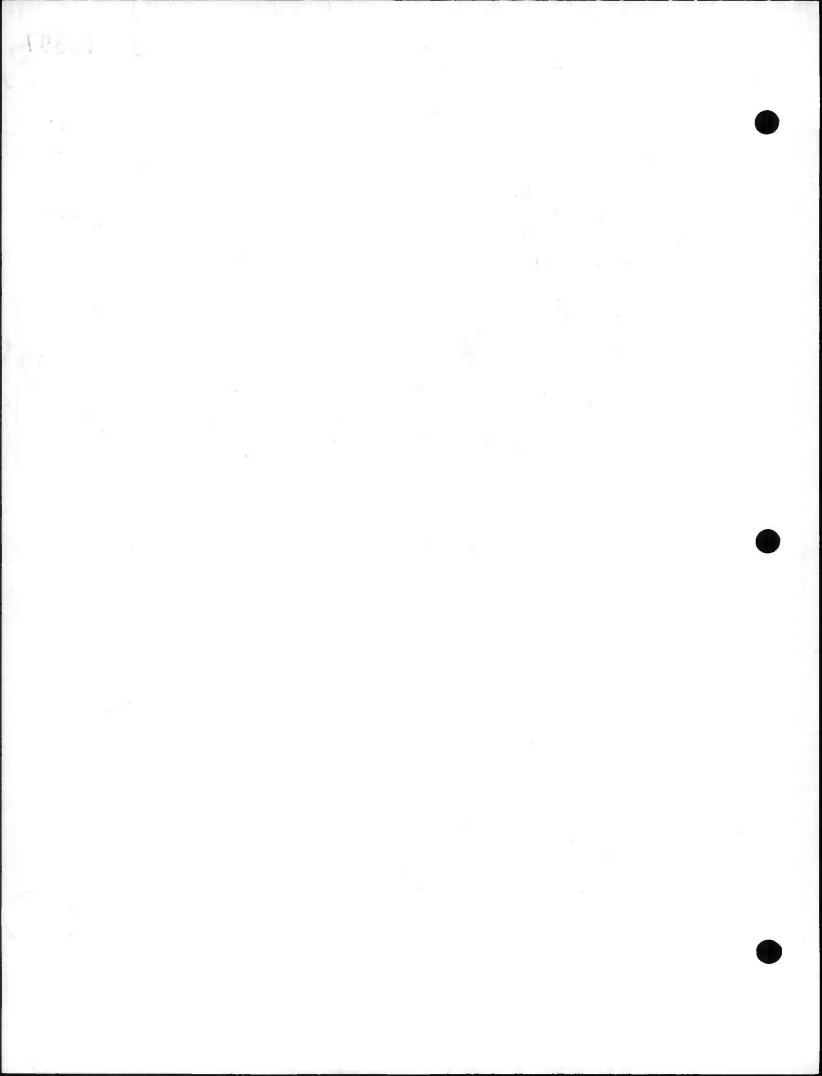
	1. DECEDENT'S NAME (First		NOC11	1116	200	A /	,				2. DATE	OF DEATH	AY	VEAR	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	/ //	S. SEX	8. AGE (In							6-		-94		10 AM
	219-20-73		1 M 2 DEF	6. AUE (III	yrs. last	-	MONTHS	DAYS	IF UNDER	MIN.		OF BIRTH	211	8. BIRTNE	PLACE (State or For
	9a. FACILITY NAME (If not in			87		rna,	ah OIT	y TOWN	OR LOCATI	1011 05 05	9-	7-0	7	Tel.	dir M.
Œ	2309 Ha	1 Mars	-	00			7	1, 10	P	ION OF UE	AIB		9c. COUN	TY OF DE	AIN .
DIRECTOR	RESIDENCE OF DEC	CEDENT	Main V	ra_			V9	11/2	<u>a_</u>				Real	Tan	M.
RE(10a. STATE	10b. COUNT	Υ			10c, CITY,	TOWN	OR LOCA	TION				0		10d. INSIDE CITY LIMITS?
	Md.		Harford	<u>l</u>			J	opp	a						1 TES 2
FUNERAL	10e. STREET AND NUMBER							10	H. ZIP COO	Œ			10g. CITIZ	EN OF W	HAT COUNTRY?
į	2309 010	d Mou							21	085				USA	<i>A</i>
5	11, MARITAL STATUS 1 Never Married 2	Married	12. WAS OECEOE FORCES?				13.		CENOENT C			17 (Specify Yer Rican, atc.)	s or No—	14. RACE Block,	- American India White, atc.
	3 Widowed 4 Dive	-	IF YES, GIVE	WAR OR OAT	ES			1 YES	S 27 NO	Specify				Specify	
3	15, OEC	EOENT'S EOU	CATION		16a. OEC	EOENT'S U	JSUAL C	CCUPATI	ON		16b	. KINO OF BU	SINESS/INOL	JSTRY	White
	Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5	(+)	life.	e kind of wo Do NOT use	retired.)		ost of working	ng					
	8th				H	lomer	nak	er							
	17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	NER'S NAI	ME (First,	Middle, Maiden	Sumame)		
П	Howard		Z							Sop	hie				
	19a, INFORMANT'S NAME (ber, City or Tow			
	Carl Shi				9	34 I	Kin	wat	Ave	2. B	alt:	imore	MD.	212	221
	20a. METNOO OF DISPOSIT	on 3 🗆 Rem	lovel from State	cemet	ery, cren	ND OATE OI	er place	1			OAT		CATION — C		
j)	4 Donation 5 Other 21. SIGNATURE OF PUNERA		CENCEC	Ga	rde	nso	FFa	ith	Ceme	ter	v:6/:	25/94	Ros	svi	lle Md.
J		L SERVICE EN	1	01	Ź.,	10	N		NO AOORE			al Ho	mo o	e re	COV
ï	10 melle	Tunk	J d Due	XI.	en	40	MIL	113	00 N	TACE	AV	a. Ra	1 time	ore	
	23. PART I. Entar tha d	iseasea, or	complications the	at caused	tha das	th. Do no	ot ante	r the mo	oda of dy	Ing, auct	aa care	diac or reap	iratory arre	at,	Approxima
	IMMEDIATE CAUSE (FI		List only ona ca		-	/	1	D.				10	i.,		Interval Ba Onset and
	disease or condition resulting in death)	→	arter	cose	lu	sta	Ci	red	con	nu	ile	100	sec	u	
H			OUE TO	O (OR AS A C	ONSEO	UENCE OF)):								
	Sequentially list condit	lona.	b												
1	If any, leading to imme cause. Enter UNDERLY	dlata	OUE IC	O (OR AS A C	ONSEO	UENCE OF)):								
2	CAUSE (Disease or injuthat initiated eventa		c. OUE TO	O (OR AS A C	ONSEO	UENCE OF):								
CERTIFICATION	resulting in death) LAS	T .	2												
			0,									-			
1	PART II. Other significa	//	/ 4		t not re	aulting in	tha u	nderlyln	g cause	given in I	Part I.	24a. WAS AN PERFOI		24b.	WERE AUTOPSY FIN
DICAL		Hy	entine	can			_				_	1 TYES	Mo		COMPLETION OF CA OF DEATH?
3											_		/ `		1 TYES 2
N SIGISTI	25. WAS CASE REFERRED TO EXAMINER?	U MEDICAL	HOSPITAL:				OTHE		LACE OF O	DEATH (Che	ick only or	10)			
	1 YES 2 NO		1 Inpatient 2		lent 3	28b. TIME		rsing Nor		seidence	_				
- 1	· × _	Pending		Day, Year)		INJU			JUNY AT ORK?	NO NO	28d. OE:	CRIBE NOW	INJURY OCC	UREO	
	a Davids	Investigation	28a. PLACE	OF INJURY -	- At hon	ne, ferm, st	reet, fac				281. LOC	ATION (Street	and Number (or Burni Br	orte Mumber
		Could not be determined	building	, etc. (Specif)	()			,				or Town, State		A THUYBI TH	JOIN PROFITOR,
	29a. CERTIFIER	TIFYING PNYS	ICIAN: To the heet o	d my knowled	dan dan	th assume	d at the	tion and advis							_
COMPLE			ER: On the basis of												and manner as at
- 1	29b. SIGNATURE AND TITLE		0 + 10	IM.	06	-						-no piece, er			
B	Und.	1.7	NJ. MY	L PUL	7.9	gany	ne	-	ZVC. LIC	ENSE NUM	1Z		29d. DATE	SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	F ERSON WH	O OMPLETEO CAL	JSE OF DEAT	H OF EN	27) (Tron	Print)	20	U	C 101		0 11 - 0	10	101	77
	RICHAL	27	4. COL				2	201	372	APP	2	HUK	CH	Md	21034
	101111	SU C	CULI	CK	181	1)			$-\mathcal{D}_{\ell}$	OKL	1 NO	-10N	1 MG	y <	-1/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



31. OATE FILEO (Month, Day, Year)

JUN 2 4 1994



TO THE HOSPITAL OR ATTENDING A PROCESSARY TO BE RECORDED BY THE ALL OFFICE THE PROPERTY OF A PROCESSARY OF A P

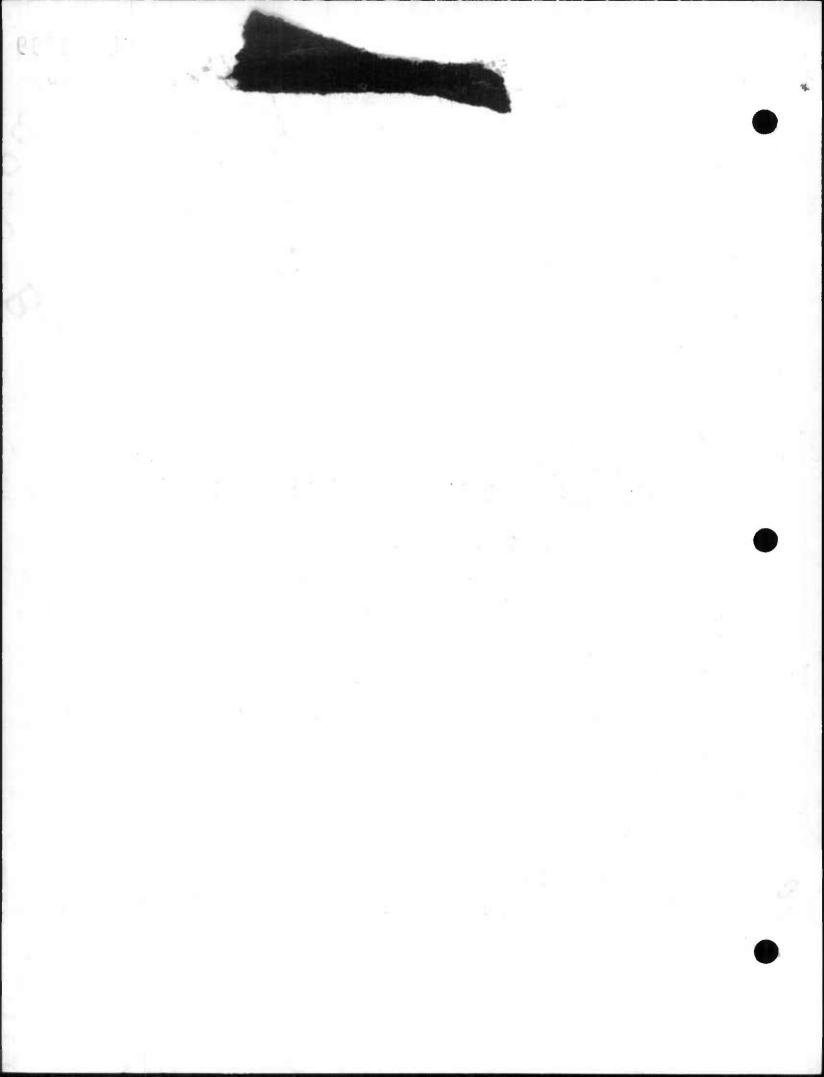
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH			3. TIME OF DEATH
	Thomas Charles	McBurney	Sr.					June	21		YEAR	9:15 p. M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. I	ast hirthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI		1224		PLACE (State or Foreign
5	210 10 6062		68	YRS.	MONTHS	DAYS	HOURS MIN.	Jan. 2		1006	Count	(y)
- 1	219-10-6062		00	Tho.					9,	1926		nnsylvania
-	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN (OR LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
0	2825 Lodge Farm	Road, Apt	. 320		Ed	geme	ere		.71	Ba	ltim	ore
5	RESIDENCE OF DECEDENT	ESIDENCE OF DECEDENT										
FUNERAL DIRECTOR	10s. STATE 10b. COUNT	1		10c, CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
0	Maryland Balt	imore		E	dgem	ere						1 YES 2 X NO
7	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
5	2825 Lodge Farm	Road Ant	320				21219			U.S	۸	
Z	11. MARITAL STATUS	12. WAS DECEDENT E		21170								
	1 Never Married 2 Married	FORCES? 1 X	YES 2	NO NO	13. 1	WAS DEC 1 yes, sp	ENDENT OF HISPAN	IC ORIGIN? (Spi 1, Puerto Rican,	etc.)	or No-	14. RACI Black	E — American Indian, k, Whita, stc.
B⊀	3 X Widowed 4 Divorced	World Wa	OR DATES		1	YES	2 NO Specify			- 1	Spec	lfy:
												White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- (Give kind of	work done o	CCUPATIO	ON st of working	16b. KIND	OF BUS	INESS/IND	USTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ii	fe. Do NOT us	se retired.)							
프	N/A	N/A	0	ptici	an			Se1	f En	ploy	ed	
ō I	17. FATHER'S NAME (First, Middle, Last)			•			16. MOTHER'S NAI					-
S	Edward McBurney						Tannio	Stylc		,		
B	19a. INFORMANT'S NAME (Type/Print)		1.									
ဥ	We sell selection of the Th	<i>t</i>					nd Number or Rural R					
T (Kathleen Kurrupi	s (Dghtr)		4034	St.	Augu	istine La	, Bal	timo	re,	Md.	21222
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Ram	numl denos Chata		E AND DATE			me of	DATE	20c. LO	CATION -	City or To	rwn, Stata
	4 Donation 5 Other (Specify)	oval from Stata	New	Cathe	edral	Cer	metery	6/25	Ba	ltimo	re.	Md.
- 9	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Λ				ID ADDRESS OF FAC				,,,	1100
- 8	1.000	1	_ / } _				nunek Fun		omes	. In	с.	
	Noted WH	NAMES	سارا				Brehms L					. 21213
	23. PART i. Enter the diseases, or o	omplications that c	aused the c	leath. Do r	not enter	the mo	de of dying, such	aa cerdiac d	or reapl	ratory arr	eet.	Approximate
	shock, Dr heer failure.	List only one cause	Driedch iir	10.			,		18.5	,		interval Batween
- 1	iMMEDIATE CAUSE (Final disease or condition	(2)		//	,	6		1.	1	-0.00		Onset and Death
	resulting in death)	Troby	like,	Mu	to		An ocan	lead.	W	late	-1	
		DUE TO (O	R AS A CONS	EOUENCE O	F):		1		1			
z		A51	LD.						0			
9	Sequentially list conditions, if any, leeding to immediate	DUE TO (OI	R AS A CONS	EQUENCE OF	F):							
3	cause. Enter UNDERLYING											
ᇎᅵ	CAUSE (Disease or injury that initiated events	DUE TO (OI	R AS A CONS	EQUENCE OF	F):							
ĒΙ	resulting in deeth) LAST				,							j
CERTIFICATION		d										
	PART II. Other significent condition	s contributing to de	eth but not	resulting	in the un	derivino	ceuse given in	Part i 24a	WASAN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
EDICAL							g could give in		PERFOR		1 240	AVAILABLE PRIOR TO
ă								1 🗆	YES 2	NO	- 1	OF DEATH?
¥											1	1 YES 2 NO
. I	DID TOBACCO USE	CONTRIBUTE	TO CA	LISE O	F DEA	TH '	YES XX NO					
₹	25. WAS CASE REFERRED TO MEDICAL	COITIMIDOIL	10 CA	OOL O	DLA		ACE OF DEATH (Che					
9	EXAMINER?	HOSPITAL:	energy and the second		OTHER	1 :						
2	1 TYES 2 XNO	1 Inpetlant 2 E					e 5 Rasidenca	6 Other (Spe	cify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		28b. TIM INJ	E OF URY	28c. INJ WO	URY AT	28d. DESCRIBI	E HOW II	NJURY OC	CURED	
B	t Natural 5 Pending 2 Accident Investigation				М		res 2 NO					
	3 Suicida 8 Could not be	28a. PLACE OF II	NJURY At I	nome, farm, s	street, facto	ory, offic		28f. LOCATION	(Street a	nd Number	or Rural I	Route Number,
ы I	4 Homicide detarmined	building, ato	: (Specify)					City or Tow	n, State)			
-												
щ	no occurrence		knowledge, d	dasth occurn	ed at the fi	me, deta	and place, and due	to the cause(s)	and man	ner as stat	ed.	
	29a. CERTIFIER (Check only	CIAN: To the best of my			- I	ninion d	eath accured at the	fime, data and s	olaca, an	d deen an ab	n councie) and manner as stated
JAMPLE	(Check only			r investigatio	m, in my o	P				a dull to th	e canadi	y and marmer as stated.
	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of exem		r investigatio	m, in my o	,,,,,,,						
шJ	(Check only	R: On the basis of exem		r investigatio	m, in my o	,,,,,,,	29c. LICENSE NUM	BER			E SIGNED	(Month, Day, Year)
B	(Check only 12 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIED AND THE CONTROL OF CERTIFIED AND THE CERTIFIED A	R: On the beels of exem	ninstion and/o					BER			E SIGNED	
B	(Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	R: On the bests of exam	OF DEATH (IT	ЕМ 27) (Туре,	Print)		29c. LICENSE NUM	BER			E SIGNED	(Month, Day, Year)
B	(Check only 12 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIED AND THE CONTROL OF CERTIFIED AND THE CERTIFIED A	R: On the bests of exam	OF DEATH (IT	ЕМ 27) (Туре,	Print)		29c. LICENSE NUM	BER 46	2122	29d. DAT	E SIGNED	(Month, Day, Year)
TO BE COMPLETE	(Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH Dr. Michael Plott	D COMPLETED CAUSE	OF DEATH (IT	ем 27) (Тур». d Ave	Print)		29c. LICENSE NUM	BER 46		29d. DAT	E SIGNED	(Month, Day, Year)
B	(Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	R: On the bests of exam	OF DEATH (IT	ем 27) (Тур». d Ave	Print)		29c. LICENSE NUM	BER 46		29d. DAT	E SIGNED	(Month, Day, Year)

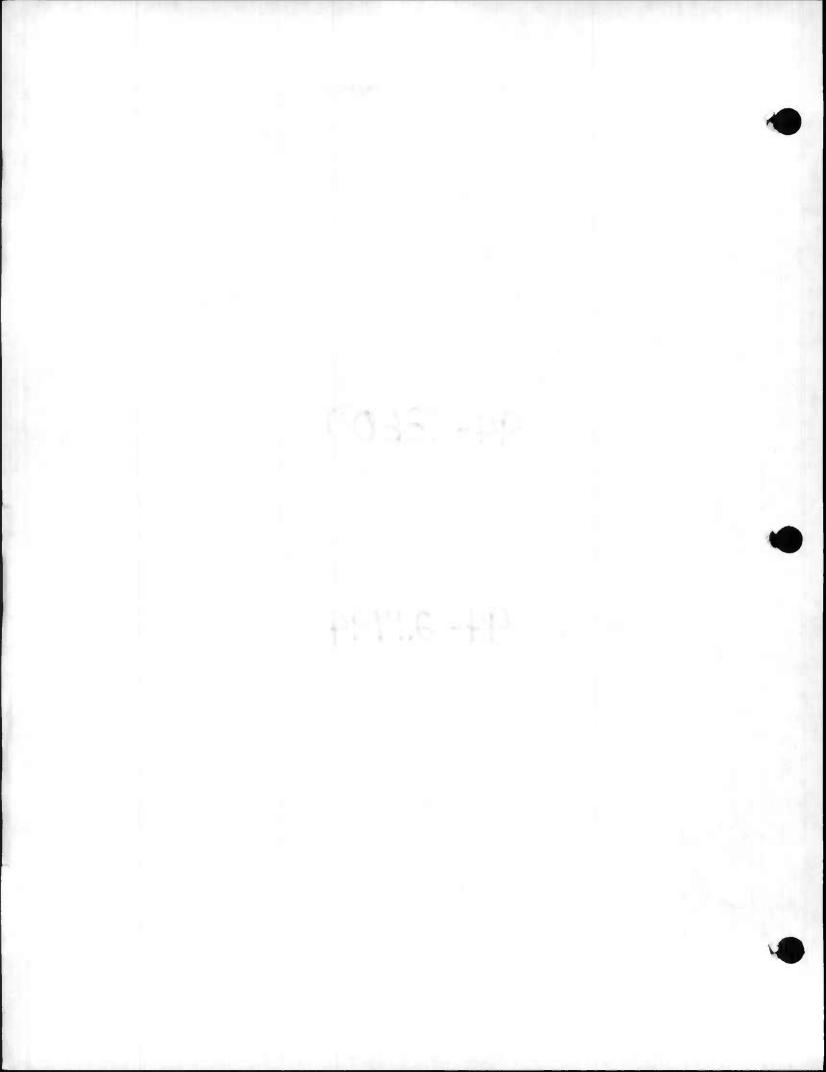
68760,
BOX
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VITAL RECORDS,
OF VI
DIVISION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR			CE	HITTIC	ATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First					_		2. DATE OF DEATH		3. TIME OF DEATH
		J.	MUEL	LER			6 /		6:05 PM
4. SOCIAL SECURITY NUM			AGE (In yrs. last	840	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
218-12-636		1 M 2	84	YRS.			3/19/10		Maryland
Se. FACILITY NAME (# not is			1	98	CITY, TOWN	OR LOCATION OF DI	ATH	9c. COUNTY	
St. Agnes		tal			Bāltir	nore			
RESIDENCE OF DE	10b. COUNTY	/		10c CITY T	OWN OR LOCA	TION			
Maryland		timore		100. 0111, 1	OWN ON LOCA	TION			10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER	L	CIMOLE				f. ZIP CODE		Lastana	1 VES 2 NO
		de Ave.			1.0	21229			OF WHAT COUNTRY?
11. MARITAL STATUS	DIGCSI	12. WAS DECEOENT E	FRINIIS ARM	(ED	12 WH C DE		IIC ORIGIN? (Specify Ye		JS:A
1 Never Merried 2 🔀	Merried	FORCES? 1 [YES 2 X NO	0	If yes, sp	ecify Cuben, Mexica	n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.
3 Widowed 4 Div	becord	IF YES, GIVE WAR	OR DATES		1 YES	2 NO Specif	<i>'</i> :		Specify: Thite
15. DEC	CEDENT'S EDUC	CATION	16e. DEC	EDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BU		
Elementary/Secondary (College (1-4 or 5+)	life.	o NOT use re	done during mo tired.)	ost of working			
12			Home	emakei					
17. FATHER'S NAME (First, A	- 1					18. MOTHER'S NA	ME (First, Middle, Maider	Surneme)	
John T. M	urphy					No	ra A. Unl	cnown	
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or Rural	Route Number, City or Tov	vn, State, Zip Coo	de)
Edward Mu	eller			3717 5	St. Joh	ns Lane	Ellicott (City, M	d. 21042
20a. METHOD OF DISPOSIT	ION	ovat from State	20b. PLACE AL	ND DATE OF D	ISPOSITION (N	ame of		OCATION — City	
4 Donation 5 Other	r (Specify)	4	New Ca	athedr	al cen	netery	6/23 Ba	ltimor	e, Md.
21, SIGNATURE OF FUNERA	L BERVICE LIE	September 1	7.7		22. NAME A	ND ADDRESS OF FA			
4	-0	H. M.	1/1.		531	1 Edmond	son Ave F	al Home	s re, Md. 21229
immediate Cause (Fildisease or condition resulting in death) Sequentially list condition and if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS	ilons, idiata iNG	DUE TO (OR C. CALLER OF TO (OR C.	AS A CONSEON AS A CONSEON AS A CONSEON	Ve40 UENCE OF):	tale wita	hm for	ventiul	lar Fau	Onset and Death 5 mins ch. 24 hrs. ? 60 yrs
	y tra	s contributing to de	ction	8 1	wore	pris.	PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T		CONTRIBUTE	TO CAU	DE OF					
		HOSPITAL:	(Output) of a		THER:	LACE OF DEATH (Ch			
EXAMINER?		Co Imparient 2 Er		28b. TIME O		uRY AT	6 ☐ Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	ED.
1 YES 2 NO 27. MANNER OF OEATH		28e. DATE OF INJ	URY						
1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5	Pending	28e. DATE OF INJ (Month, Day,)	bar)	INJURY		YES 2 NO			
1 VES 2: NO 27. MANNER OF OEATH 1 Netural 5 2 Accident	Investigation	(Month, Day, 1	JURY At hom		M 1 🗆	YES 2 NO	281. LOCATION (Street	end Number or F	
1 VES 2: NO 27. MANNER OF OEATH 1 Netural 5 2 Accident		(Month, Day, 1	JURY At hom		M 1 🗆	YES 2 NO	281. LOCATION (Street City or Town, State)	end Number or F	
1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 20e. CERTIFIER (Check only)	Investigation Could not be determined	28e. PLACE OF IN building, atc.	JURY — At hom (Specify)	ne, farm, street	M 1 et, fectory, office	YES 2 NO	City or Town, State,	nner ee stated.	
1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MED	Investigation Could not be determined IFFYING PHYSI ICAL EXAMINE	(Month, Day, 1) 28e. PLACE OF IN building, stc. CIAN: To the best of my R: On the bests of exam	JURY — At hom (Specify) knowledge, dear	th occurred a	M 1 st, fectory, office t the time, date n my opinion, d	YES 2 NO	City or Town, State, to the ceuse(e) end ma time, dete end place, er	nner ee stated.	itural Route Number,
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS O	Investigation Could not be determined TIFYING PHYSII ICAL EXAMINE OF CERTIFEE F PERSON WHI	28e. PLACE OF IN building, etc. CIAN: To the best of my R: On the bests of exam	JURY — At hom (Specify) knowledge, deer netton end/or in	th occurred a vestigation, is	M 1	e end place, end due leath occured at the 29c. LICENSE NUM D 76 2	city or Town, State, to the ceuse(e) and ma time, date and place, or	nner ee stated. nd due to the ca	itural Route Number,
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5	Investigation Could not be determined TIFYING PHYSIC ICAL EXAMINE OF CERTIFIES F PERSON WHITE SOURA Year)	28e. PLACE OF IN building, stc. CIAN: To the best of my R: On the best of exam	knowledge, dear nation end/or in	th occurred a veatigation, is	M 1	e end place, end due leath occured at the 29c. LICENSE NUM D 76 2	city or Town, State, to the ceuse(e) and ma time, date and place, or	nner ee stated. nd due to the ca	ruse(e) end menner ee stated. GNED (Month, Day, Year)



VOID
CERTIFICATE # 94-18600
SEE
CERTIFICATE # 94-21794



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a low after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	TIEGISTIFAT				/	IVALI	_ 01	DLA		HEG. N	J.		
	1. DECEDENT'S NAME (Flist)		MOSES	MARTIN	NASH	541				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME		5. SEX	0.000 //	1411-					6 5	4	4	2:35A M
	226-03-5374	EH	5. SEX 1 M 2 □ F	6. AGE (In yrs. 79	YRS.	MONTHS	DAYS	HOURS	MIN.	June 27,	1914	d. BIRTI Count VI	RGINIA
-	90. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATE	ON OF D		9c. CO	UNTY OF E	EATH
DIRECTOR	GREATER LAUF	EDENT		HOSPIT	AL		LA	UREL				PRIN	CE GEORGE
E	10e. STATE	10b. COUNT			10c, CIT	Y, TOWN							10d. INSIDE CITY LIMITS?
	MARYLAND	PR1	NCE GEORG	it				UREL					1 TYES 2 NO
FUNERAL	15506 BOND A	IILL R	OAD					2070				TIZEN OF T	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 7 3 Widowed 4 Divo	Married roed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W 1934 - 1	YES 2 MA OR OATES			If yes, sp		n, Mexica	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.) fy:	ea or No-	14. RAC Blac Spec	E — American Indien, k, White, etc. #/y: WHITE
	15. DEC	EDENT'S EDU	CATION	18e,	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF B	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+)	(Give kind of ife. Do NOT u								
MP	12		0	An	imal	Husb	andr	y Te	ch	Dept.	06 A	gric	ulture
8	17. FATHER'S NAME (First, M									ME (First, Middle, Maide	n Surname)		
BE	MOSES M. NAS		•							I MARSHALL			
2	190. INFORMANT'S NAME (Route Number, City or To			00707
	ALICE F. NAS			T 001 P1 10	EAND DATE				KUAV	, LAUREL,	OCATION -		
	1 Buriel 2 Cremetic 4 Donation 5 Other	n 3 🗆 Rem (Specify)			Famatory or o	CEME	TERY			6/23 LA	UREL,	MAR	YLAND
	21. SIGNATURE OF FUNERA	2.00	PRINSEE	1						CILITY FLECK PRING ROAD			HOME, INC.
	23. PART 1. Entar tha d	alx	Wille	aj									WD 20707
Z	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	Cere	DEUV OR AS A CONS	SEQUENCE O	AR				n as cardiae or rea	piratory a		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet condit if any, laading to imme- cause. Entar UNDERLY/ CAUSE (Disesse or inju- that initiated events resulting in death) LAS	diate NG ry	c. OUE TO	(OR AS A CONS (OR AS A CONS	EQUENCE O	e): // ///	,	Vo	utr	ceular A	inc 6	Ou v	
핑			d. COA	1400		114					7	-wit y	
: MEDICAL	PART II. Other elgnifica	Pals uc O	is contributing to		Luy	_		-)	givan in	Part I. 24a. WAS A PERFC 1 TYES	PRMEO?	248	N. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					28 Pt	ACE OF D	EATH (Ch	neck only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 [DOA	OTHE	R:			8 Other (Specify)			
PHYSICIAN: M	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, De	INJURY	28b. TIN		28c. INJ WO			28d. DESCRIBE HOW	INJURY O	CCURED	
ED BY	3 Suicide 6	Could not be	28e. PLACE Of building,	F INJURY — At atc. (Specify)	home, ferm,	atreet, fac				261. LOCATION (Stree City or Town, Stat	t end Numbe	er or Aural	Route Number,
LETED			ICIAN: To the best of	my knowledne	death occur	ed at the s	lime date	and place	and due	o to the couse(e) and m	anner en ch	nted	
COMPL	onel												e) end manner ee stated.
BE	296 SIGNATURE AND TITLE	OF CERTIFIE	RIII					29c. LICI	ENSE NU	MBER	29d. DA	TE SIGNE	(Month, Day, Year)
	William	-1	War	en	Mana,			D	139	16	16	121	94
	30. NAME AND ADDRESS OF	- /	A. Wa	FF FF	FEM 27) (Type) Print)	Zin	ofea	p G	+ Laure	O, h	50	0707
	JUN 2 4	1994		R'S SIGNATURE				-			1		

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximate interval Between **Onset and Death**

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	1 3	1. DECEDENT'S NAME (First, Middle, Las								2. DATE (D.A	W _	YEAR	3. TIME OF DEATH
		Victoria K. Nit					-				e 23,	1994		4:15 a.
		4. SOCIAL SECURITY NUMBER	5. SEX 1		yrs. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE C (Month,	Day, Year)		6. BIRTI	HPLACE (State or Foreign ry)
용	1 7	218-03-2347		93	YRS.						13, 1			ryland
3 should	<u>~</u>	9a. FACILITY NAME (If not institution, give			1.5	9b. CITY,			ON OF DE	EATH		9c. COU	NTY OF C	PEATH
22	DIRECTOR	Meridian Frankl	in Woods			Balt	imo	re				Ва	ltim	ore
es 1	EC	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR	LOCAT	ION	-					10d. INSIDE CITY
28	I G	Maryland Bal	timore		Ra	ltimo	re							LIMITS?
physician. burial-transit permit. Pages 1,		10e. STREET AND NUMBER	<u> </u>		Du	1 C IIIIC	-	ZIP CODE	E			10g. CITI	ZEN OF	WHAT COUNTRY?
. usit p	FUNERAL	3902 Tila Road						2123	4			U.S	Δ	
al-tra	3	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U	I.S. ARMED		AS DECI	ENDENT O	F HISPAN		(Specify Yea		14. RAC	E — American Indian,
Par Der		1 Never Married 2 Married	FORCES? 1 IF YES, GIVE V	YES	ES NO			cify Cubai		n, Puarto R /:	ican, atc.)	l	Spec	k, White, etc.
nding Is the) BY	3 X Widowed 4 Divorced	1					100						White
use a	TED	15. DECEDENT'S EC (Specify only highest gra		1	6a. DECEDENT'S (Give kind of t	work done du	CUPATIO	N st of workin	g	16b.	KIND OF BUS	SINESS/IND	DUSTRY	
ftal o	LET	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	life. Do NOT us	11.5								
the hosp detached	COMPL	N/A	N/A		Homema	ker					Own H			
be det		17. FATHER'S NAME (First, Middle, Last)					- 1				iddle, Maiden	,		
ed by		Frank Yurek									Kuznia			
5 should	2	19a. INFORMANT'S NAME (Type/Print)	(D - 1 .	`	19b. MAILING									
y be rage 5		Joanne V. Britt	(Daughte	<u> </u>					Balt		e, Md.		234	
e 6 may ector, p must		20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Re	moval from State	20b. Pl	LACE AND DATE or	OF DISPOSIT	FION (Nai	me of		DATE		CATION —		
age 6 direc		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BEHVICE	unersteine.	- I St	Stani					6/25	Bal	timo	re,	Maryland
death. Pag e funeral dii II. examiner		21. SIGNATURE OF PUNERAL BEHVICE	1	//	/			D ADDRES			L Home	e Tı	nc	
r dea		Mallo	00	Est.							Balt			d. 21213
fours after death. Page 6 may be retained by the hospital or attending physician. of in by the funeral director, page 5 should be detached for use as the bunial-tran or removal. medical examiner must be notified at once.		23. PART i. Enter the diseases, or	complications that	ceused t	he deeth. Do r	ot enter t	he mod	de of dyl	ng, suc	h es cerdi	ac or raspi	ratory arr	rest,	Approximate
		shock, or heart fallure iMMEDIATE CAUSE (Fine)	. List only ona cat	ise on eec					Λ					Onset and Dec
withis pletety fille cremation, rent, the	Ш	disease or condition resulting in death)	. Heut	eVY	yoca	who	. (_	Ln	tan	chin	10			monte
completely fal, cremati		resenting in deating	DUE TO	(OR AS A C	ONSEQUENCE O									
executed and com to burial, matic ev	2	A STATE OF THE STA	a AS	CAI)									Years
	[일]	Sequentially list conditions, If any, leading to immediate	DUE TO	(OR AS A C	ONSEQUENCE O									
nding physician Hygiene prior to pr other traur	2	cause. Enter UNDERLYING				F):								
ing phy giene p	1 E	LAUSE (Disease or injury	c											
000		CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A C	ONSEQUENCE O				_					
tending al Hygi	EH		c	(OR AS A C	ONSEQUENCE OF									
ne death cer the attending Mental Hygi	L CERTIFICATION	thet initieted events resulting in death) LAST	d			F):	lerivino	I Ceuse o	alvan in	Part I.	24a. WAS AN	AUTOPSY	241	WERF AUTOPSY FINDING
hat the death certifi 1 by the attending pand Mental Hygien my Injury, or oth		thet initiated events	d			F):	derlying	l ceuse g	givan in	Part I.	24a. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE
res that the death cer signed by the attending lealth and Mental Hygis vs any Injury, or of	DICAL	thet initieted events resulting in death) LAST	d			F):	derlying	l ceuse g	givan In	Part I.		MED?	248	
requires that the death cer een signed by the attending of Health and Mental Hygis shows any injury, or of	MEDICAL	PART II. Other eignificant condition	d.	death but	not resulting	F): In the und				_	PERFOR	MED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE
is law requires that the death cer has been signed by the attending Dept. of Health and Mental Hygi 23 shows any Injury, or ol	MEDICAL	PART II. Other eignificant condition	d.	death but	not resulting	F): In the und	тн ү	res [] NO	- -	PERFOR	MED?	240	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
I: The law requires that the death cer cate has been signed by the attending state Dept. of Health and Mental Hygi Nem 23 shows any injury, or of	MEDICAL	PART II. Other eignificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to	death but	not resulting	in the und	7 H Y	ES _] NO	ock enly one	PERFOR	MED?	248	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIAN: The law requires that the death cer- scrificate has been signed by the attending the State Dept. of Health and Mental Hygi or Item 23 shows any injury, or of	MEDICAL	PART II. Other eignificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CONTRIBUT	E TO	not resulting	F DEAT	TH Y 28. PL	/ES ACE OF DI] NO	eck only one	PERFOR 1 VES 2	MED? NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ING PHYSICIAN: The law requires that the death cer After this certificate has been signed by the attending death with the State Dept. of Health and Mental Hygi i marked, or Item 23 shows any injury, or of	BY PHYSICIAN: MEDICAL	PART II. Other eignificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	CONTRIBUT HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D.	E TO (ER/Outpett INJURY lay, Year)	not resulting CAUSE OI ent 3 □ DOA 28b. TIM	F DEAT OTMER: 4 X Nursh E OF X	28. PL.: ing Homo 28c. INJt WOI 1 Y	/ES ACE OF DI B 5 Re DIRY AT RK? YES 2] N(eck enly one 6 Other 28d. DES	PERFOR	NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TAL OR ATTENDING PHYSICIAN: The law requires that the death cer IAL DIRECTOR: After this certificate has been signed by the attending 72 hours after death with the State Dept. of Health and Mental Hygi II item 28 Is marked, or item 23 shows any Injury, or ol	LETED BY PHYSICIAN: MEDICAL	PART II. Other eignificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	CONTRIBUT HOSPITAL: 1 Inpetient 2 28s. PLACE Cobuilding.	ETO (EN/Outpett INJURY — etc. (Specify,	not raculting CAUSE OI ent 3 DOA 28b. TIM NJ At home, farm, 1	F DEAT OT MER. 4 V Nursil E OF URY M	28. PL.: ing Home 28c. INJt WOI 1 Y ry, office	ACE OF DI S GRA S TRE S TRE S TRE S TRE S TRE ACE OF DI S TRE S	NO NO and due	eck only one 6 Other 28d. DESt. City o	PERFOR 1 VES 2 1 VES 2 (Specify) CRIBE HOW II TION (Street a r Town, State)	NJURY OCC	CURED or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Part)
Franklin Square Hospital, Medical Administrations
Dr. Susan Levy, 9000 Franklin Square Drive, Baltimore, Md. 21237

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

DHMH-16 Rev 1/89



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31. DATE FILED (Month, Day, Year)

JUN 2 4 1994

2011 11 19 19 19 19

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLANI REGISTRAR			F HEALTH AND I	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN			
	ANNA MARY PAINTER				6- 18-	1994	7:35 A M			
		s. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8. 91	RTHPLACE (State or Foreign			
	293-14-1009 1□M2XF 88	YRS.	MONTHS DA	WS HOURS MIN.			OHIO			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATION OF DE	ATN	9c. COUNTY O	F DEATH			
6	ST.AGNES HOSPITAL		BALT:	IMORE		BALTI	MORE			
S S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY			
DIRECTOR	MD. BALTIMORE	CAT	CONSV	TLLE			LIMITS?			
	10e. STREET AND NUMBER		LONDY	101. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?			
FUNERAL	713 MAIDEN CHOICE LANE AF	PT 21	l04	21228		U.S.A				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED		DECENDENT OF HISPAN		ea or No— 14. R	ACE — American Indian,			
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 3/7/Wildowed 4 Divorced IF YES, GIVE WAR OR OATES	XNO		s, specify Cuban, Maxice YES 2 NO Specify			Black, White, alc.			
							HITE			
COMPLETED	(Specify only highest grade completed)	(Give kind of site. Do NOT us	work done durin	PATION g most of working	18b. KIND OF B	USINESS/INDUSTR	Y			
2	Elementary/Secondary (0-12)	CHOOL		THER	PIIRT.T	C SCHO	nt.s			
NO.	17. FATHER'S NAME (First, Middle, Last)	0011001	JILA		ME (First, Middle, Maide		3110			
C	HARRY P. COATES				SAYNOR	ir Gorranoy				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (St	reet and Number or Rural F	Route Number, City or To	wn, State, Zip Code	00001			
임	ELIZABETH McKINNEY	1704	WILL	IAMSBURG	PLACE,	CLEMEN	ron, N.J.			
	1 Burial 2 X Cremation 3 Removal from State cemetery	CE AND DATE	ther place)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OCATION — City o				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. F	CEN MO	22. NAM	CREMATORY IE AND ADDRESS OF FAI	CILITY		ro.,MD.			
			Bro	adley-Ash	nton Fun	eral Ho	ome, 1nc.			
-		0083		34 Willow	7 Spring	Rd., Ba	alto.,Md.			
	 PART i. Enter the diseases, or complicatione that caused the ehock, or heart fellure. List only one ceuse on each 	line.	ot antar tha	mode of dying, auci	n aa cardiac or res	piratory arrast,	Approximata interval Batween			
	iMMEDIATE CAUSE (Final disease or condition) Recontrat	ory 7	rroc	!-			Onset and Death Min.			
	disease or condition reculting in deeth) Respiratory Arrest Due TO (OR AS A CONSEQUENCE OF):									
_	Pneumonia 3 da									
110	Sequentially list conditione, oue TO (OR AS A CONSEQUENCE OF):									
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury									
E	thet initiated evante DUE TO (OR AS A CON resulting in death) LAST	ISEOUENCE O	F):							
CERTIFICATION	d									
AL.	PART II. Other significant conditions contributing to death but n	ot rasuiting	in the undar	iying cause givan in	Part i. 24a. WAS A	N AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS			
20	Dementia				1 _ YES		COMPLETION OF CAUSE OF DEATN?			
ME						Λ	1 YES 2 NO			
ÿ							^			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	8. PLACE OF DEATH (Che	eck only one)					
IYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetien 27. MANNER OF DEATH 28s. DATE OF INJURY		4 - Nursing	Home 5 - Realdence						
	1 Natural 5 Pending (Month, Day, Year)	28b. TIM	URY	WORK?	28d. DEŞCRIBE NOW	INJURY OCCUREE)			
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — A	t home, farm.			281. LOCATION (Stree	and Number or Du	mil Boute Mumber			
COMPLETED	Suicide Could not be building, atc. (Specify)		,		City or Town, Stat	e)	rai riodis Namoei,			
٣	29a. CERTIFIER (Check only	death occum	ed at the time	data and place, and due	to the coursels) and m	anner en eleted				
N N	MEDICAL EXAMINEN: On the beals of examination and						se(a) end manner as stated.			
	286. AMMAZÜHE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. DATE SIG	/			
BE	h/Altot nun					16/	2/194			
임	NAME (NO ADDRESS OF PERSON WHO SOMPLETED CAUSE OF DEATH ((ITEM 27) (Type	Print)	J J 0862	<u></u>	70	4.1			
	D.Preston, M.D. 800 Caton	Ave.	Bal	to.,Md.		,				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	E CALL								
	JUN 2 4 1994 Stein Fred									

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

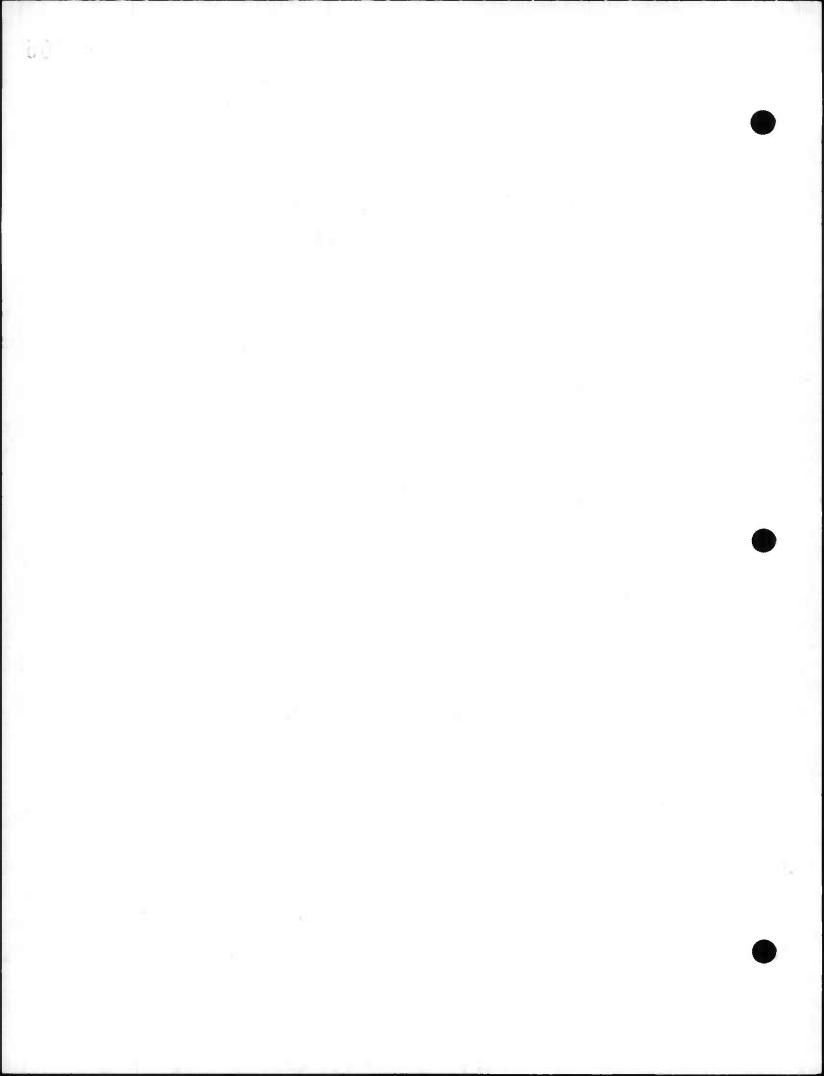
	REGISTRAR	CERTIFIC	CATE OF D	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Charles I	K. Phares			2. DATE OF DEAT	DAY	YEAR 94	3. TIME OF DEATN
	146-03-2220 1ॹॺ₂□₣			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye 12/3/1	H ar)	Count	IPLACE (State or Foreign ry) Jersev
TOR	9a. FACILITY NAME (If not institution, give street and number) 5106 Patrick Henry Drive RESIDENCE OF DECEDENT	\$	Balti		ATN	(2)	UNTY OF D	eath undel
DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne Arundel		TOWN OR LOCATIO	PN .				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 5228 Patrick Henry Drive		10f. Z	21225		10g. Cl	TIZEN OF V	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 27 NO	13. WAS DECEN	IDENT OF NISPAN	IIC ORIGIN? (Speci n, Puerto Rican, at ::			E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during most	of working	16b. KIND O	F BUSINESS/IN	IDUSTRY	
OMP	12th Grade 17. FATNER'S NAME (First, Middle, Last)	Carpen		18. MOTNER'S NA	Morr	ow Bro		S
BE C	Benjamin Phares			Anna				
	19a, tNFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and	Number or Rural I	Route Number, City of	v Town, State, Z	(ip Code)	
2	Eileen Zaletel	5106	Patrick :	Henry D	rive, Ba	lto, M	Id 21	225
		ob. PLACE AND DATE OF emetery, crematory or othe Meadowride	r place)		1	altimo		100
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/		ADDRESS OF FA	CILITY	e Fune		
	Jerome Inamuwerh	1	4001 R	itchie	Hgwy, Ba			
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENCE OF	dil di rdios	esculy	tions of	eue T	rreat,	Approximate Interval Between Onset and Death
CERI	resulting in death) LAST	adder						
MEDICAL	PART II. Other significent conditions contributing to death				PE 1 2 Y	AS AN AUTOPSY RFORMED? ES 2 NO	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF			UEJ			
20	EXAMINER? HOSPITAL:		THER:	CE OF DEATH (Ch				
PHYSICIAN:	27. MANNER OF DEATH 1 Month, Day, Year	Y 28b. TIME	ROW Y	TA YS	8 Other (Specify 28d. DESCRIBE N		CCURED	
тео ву	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJU	RY — At home, farm, stripecify)			28f. LOCATION (S City or Town,		er or Rural i	Poute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinat							s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON, BHO COMPLETED CAUSE OF	AND STORE OF THE STORE OF		DO9Z	men 32	29rd. DA	S P	(Nogth, Day, Year)
	Mario J. Reda Sr. MD 21. DATE FILED (MONT), Day, Thair) 32. REGETTRAP'S SK	4211 4th S	treet B	ltimore	, Md 21	225	/ /	,
	JUN 2 4 1994 Francisco	ion-Rudall						

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BALTIMORE, MARYLAND 21215-0020	a death sertificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.	the amounting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per
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S, P.O. BOX 68760,	rtific	ne amending physician and completely filled in by the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OH ATTENDIATE PHYSICIAN. The raw requires that the

4. SOCIAL SECURITY NUMBERS 1.0 miles 25.52 1.0 miles 25.52 2.8 miles 2			FOR STATE REGISTRAR	STATE OF I	MARYLAN		RTMENT OF			MENTAL HYGIE REG. N			
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Sequentially did not provided by the control of the			213-68-5252	1 🗌 M 2 🔀 F	2	8 YRS.	MONTHS DAYS	HOURS	MIN.		65	Country)	
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The street and sources 2 1 S Westway North 1. MANTAL STATUS 1.	S D	3EC	10a. STATE 10b. COUNTY			10c. CI						10d. INSIDE CITY	
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Black Secondly	a constant	Ä						2	21221			USA	
Black Secondly	100	2		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ABMED	13. WAS D	ECENDENT	OF HISPAN	C ORIGIN? (Specify	as or No—	14. RACE — American Indian, Black, White, atc.	
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EUGENE NOTTIS Betty Davis 10. MALMO ADDRESS (Stew and Monder or Rural Room Annuals, City or Team, Stein, Exp Code) 10. MALMO ADDRESS (Stew and Monder or Rural Room Annuals, City or Team, Stein, Exp Code) 10. MALMO ADDRESS (Stew and Monder or Rural Room Annuals, City or Team, Stein, Exp Code) 10. Betty Davis 10. Betty Davi	200		(Specify only highest grade	completed)		(Give kind of	work done during i	most of wor	rking	160. KIND OF E	USINESS/INU	USINT	
EUGENE NOTTIS Betty Davis 10. MALMO ADDRESS (Stew and Monder or Rural Room Annuals, City or Team, Stein, Exp Code) 10. MALMO ADDRESS (Stew and Monder or Rural Room Annuals, City or Team, Stein, Exp Code) 10. MALMO ADDRESS (Stew and Monder or Rural Room Annuals, City or Team, Stein, Exp Code) 10. Betty Davis 10. Betty Davi		PL		College (1-4 or 5	*'		N/A				N/A		
EUGENE NOTE IS BELTY Davis Betty Davis Be	nce.	O	17. FATHER'S NAME (First, Middle, Last)				,	18. MC	THER'S NAI	ME (First, Middle, Maid			
The Information and the property of the part of the property o	g to	_	Eugene Norris						Bett	v Davis			
Section of Disposition Section	iffed		19a. INFORMANT'S NAME (Type/Print)		_	19b. MAILIN	G AODRESS (Street	_		4	own, State, Zip	Code)	
Security		۲	Betty Davis			8220	Scott	s Le	vel	Road B	alto.	, MD 21208	
22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23. NAME AND ADDRESS OF FRACHIT LETOY O. BY PET OR AS A CONSEQUENCE OF): 14. DUE TO (OR AS A CONSEQUENCE OF): 15. DUE TO (OR AS A CONSEQUENCE OF): 16. DUE TO (OR AS A CONSEQUENCE OF): 17. DUE TO (OR AS A CONSEQUENCE OF): 18. WAS CASE REFERENCE TO MEDICAL FOR AS A CONSEQUENCE OF): 28. WAS CASE REFERENCE TO MEDICAL FOR AS A CONSEQUENCE OF): 29. PLACE OF DEATH (Chock only considered to the predigitation of the part of the predigitation of the predigitation of the part of the part of the predigitation of the part of th				and Image Chat-				Nama of		OATE 20c.	OCATION — C	City or Town, State	
22. PARE THE CHIEF THE diseases of complications that caused he death. Do not enter the mode of dyling, such as cerdisc or respiratory errest, interval Between Onset and Death Service UCHANGE (Pined Interval Between Onset and Death Date of Death Interval Between Date of Death Interval Between Onset and Death Date of Death Interval Between Da				Wei from State	Kii	ng Me	morial	Par	k	6/23 R	anda1	1stown, MD	
IMMEDIATE CAUSE (Final desease of condition resulting in death of the cause Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	ral. I examiner		Leroy	(U. L	Oe 13	elt	460	oy 0 0 Li	bert	ett & S y Heigh	on Fu ts Av	neral Home enue 21207	
Sequentially list conditions on the part in the underlying cause given in Part I. 24a, ws. AN AUTOPSY PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (tion, or the m		IMMEDIATE CAUSE (Final	MULTI	on food	11ne. ST/3/3	ON A					Approximate interval Between Onset and Death	
CAUSE (Disease or Infury that Initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NAME AND AUTOPSY PERFORMED? SUPPLY PERFORMED? SUPPLY NO COMPLETION OF CAUSE OF DEATH (Check only one)	matic e	TION	Sequentielly list conditions, If any, leading to immediate Due to (or as a consequence of):										
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEDT 24b. WERE AUTOPSY PRIDING MAILABLE PRIOR TO 24b. WERE AUTOPSY PRI	Hygiene p	RTIFICA	CAUSE (Disease or injury that initiated events Treaulting in death) LAST CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO SWAS CASE REFERRED TO MEDICAL EXAMINER? 1 No 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 28. PLACE OF DEATH (Check only one) 14. WES 2 NO THER: 1 Natural S Panding Investigation 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Panding Investigation 1 YES 2 NO 28. OATE OF INJURY 28. DATE OF INJURY AT WORK? 29. LOCATION (Street and Number or Rural Rouns Number of Rural	ley,	2	PART II Other significant condition	a contribution to	danth bus								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: Impetient 2 y KER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) Nursing Home 5 Residence 6 Oth	th and any le		WEDICA TO THE PROPERTY OF THE							PERF 1XXYES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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3 Suicide 4 Memoricide 5 Could not be determined 26a. PLACE OF INJURY — At home, larm, street, lactory, office building, atc. (Specify) 29a. CERTIFIER (Check only one) 29b. Instruct And TITLE OF CERTIFIER 29b. Instruct And TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	the part			(Month, D	Pay, Year)		JURY \	WORK?	TINO				
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296. LICENSE NUMBER O.C.M.E. 296. LICENSE NUMBER O.C.M.E. 296. LICENSE NUMBER O.C.M.E. 30. NAME AND AODSESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) A. WORLL M. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	= 125	COMPL	(Check only										
30. NAME AND ADDESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Person who completed cause of Death (ITEM 27) (Type, Print) Mary and Address of Death	MPORT	H	296. WHATURE AND TITLE OF CENTIFIER	elffull)						29d. DATE	E SIGNED (Month, Day, Year)	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	170	ĭ	30. NAME AND ADDRESS OF PERSON WHO					eet.	Bal	timore.	Marv	land 21201	
			31. DATE FILED (Month, Day, Year) JUN 2 4 1994	A 32. REGISTRA	R'S SIGNATU	IRE					1		

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BALTIMORE, MARYLAND 21215-0020	ined by the hospital or attending obvsicis
BALTIMORE, M.	hours after death. Page 6 may be refu
•	rithin nours after d
O. BOX 6876	sertificate be executed w
RECORDS, P.	requires that the death of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN: The law
DIVISIO	IL OR ATTENDIN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	BEG NO

1 8	1. DECEDENT'S NAME (First, Middle, Linst)		CERTIFIC	ALL UF	DEATH	REG. NO 2. DATE OF DEATH		3. TIME OF DEATH		
	H	ilda Marie	e Rodi	ney		June 22,	1994			
	4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AGE (In yra	—	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	BIRTHPLACE (State or Foreign		
	220 07 1417	M 2 X F 77	7 YRS.		HOURS MIN.	03/12/		ssachusette		
œ	9a. FACILITY NAME (If not institution, give street a				OR LOCATION OF DE	ATH	9c. COUNTY			
ЕСТО	522 Brighton Pla	ace 21221			sex		Ва	ltimore		
DIRE		al timomo	10c. CITY, 1	TOWN OR LOCAT	_			10d. INSIDE CITY		
	100. STREET AND NUMBER	altimore_		101	ESSE	X	10g. CITIZEN	1 ☐ YES 2 X NO OF WHAT COUNTRY?		
FUNERAL	522 Brighton Pla	ace			21	221		USA		
5	1 Never Married 2 X Married	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	NO	If yes, sp	ecify Cuban, Maxicar	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14,	RACE — American Indian, Black, White, atc.		
B₹	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	77	1 TYES	2 XNO Specify			Specify: White		
TED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON 16a	DECEDENT'S US	k done during mo	ON est of working	16b. KIND OF BU	SINESS/INDUST			
P.E.	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	file. Do NOT use r				**			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Homer	naker	18. MOTHER'S NAI	ME (First, Middle, Maiden	Home Sumame)			
BE C	Alfred Lei	ibhardt				Gertrude				
2	19a. INFORMANT'S NAME (Type/Print)	-78.97				loute Number, City or Tow		(0)		
1	James E. Rodney 20a. METHOD OF DISPOSITION	20b BI A	522 B		n Place		MD CATION — City	21221		
	1 X Buriel 2 Cremation 3 Removal : 4 Donation 5 Other (Specify)	from State cemetery.	cremetory or other View Me	r place)		1	ersbu			
	21. SIGNATURE OF FUNDINAL SERVICE LICENSE			22. NAME AP	ND ADDRESS OF FAC	HLITY				
	George E. M	MacNabb		301 1	abb Func Frederi	eral Home ck Road	e, P.A Balto			
	23. PART i. Entar tha diaassaa, or comp ahock, or haart fallura. List	plications that caused the	death. Do not	antar tha mo	da of dying, such	as cardisc or respi	ratory arrest,	Approximate interval Batw		
	IMMEDIATE CAUSE (Final disease or condition	Chronic is	1		J. of	Discords		Onset and De		
	reaulting in death)	DUE TO (OR AS A CON		Myoc	andun a	MHEUILL		ل الن ك		
z			,	V						
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):							
윤	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CON	SEQUENCE OF:							
ERTIF	resulting in death) LAST									
NL CE	PART ii. Other algnificant conditions co	entributing to death but n	ot resulting in	the undariving	cause givan in i	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDIN		
MEDICAL CE						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS		
ME								OF DEATH?		
Z	DID TOBACCO USE CON	NTRIBUTE TO CA	USE OF I		ES NO					
SICI		OSPITAL: Inpatient 2 ER/Outpatient		THER:	ACE OF DEATH (Che					
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	D		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Monter, Day, Tear)	INJUR		YES 2 NO	7 110 110 110 110 110 110 110 110 110 11				
8	3 Suicide a Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, lerm, atre	et, factory, offic	•	2at. LOCATION (Street and City or Town, State)	and Number or Re	ural Route Number,		
	29a. CERTIFIER	To the heat of my	4-4							
		To the best of my knowledge The basis of examination and						use(a) and manner as stated		
OMPLET	2 (gr MEUICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stresses.									
E COMPLET	29b. SIGNATURE AND TITLE OF CERTIFIER		`		294 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 1)					
O BE COMPLET	296. SIGNATURE AND TITLE OF CERTIFIED OF CONTROL OF CONTROL OF CERTIFIED OF CERTIFI	nortan, M	<u>,</u>),		DO 76	Z '2				
E COMPL	29b. SIGNATURE AND TITLE OF CERTIFIE	MPLETED CAUSE OF DEATH (0076	32_	▶ 06/			



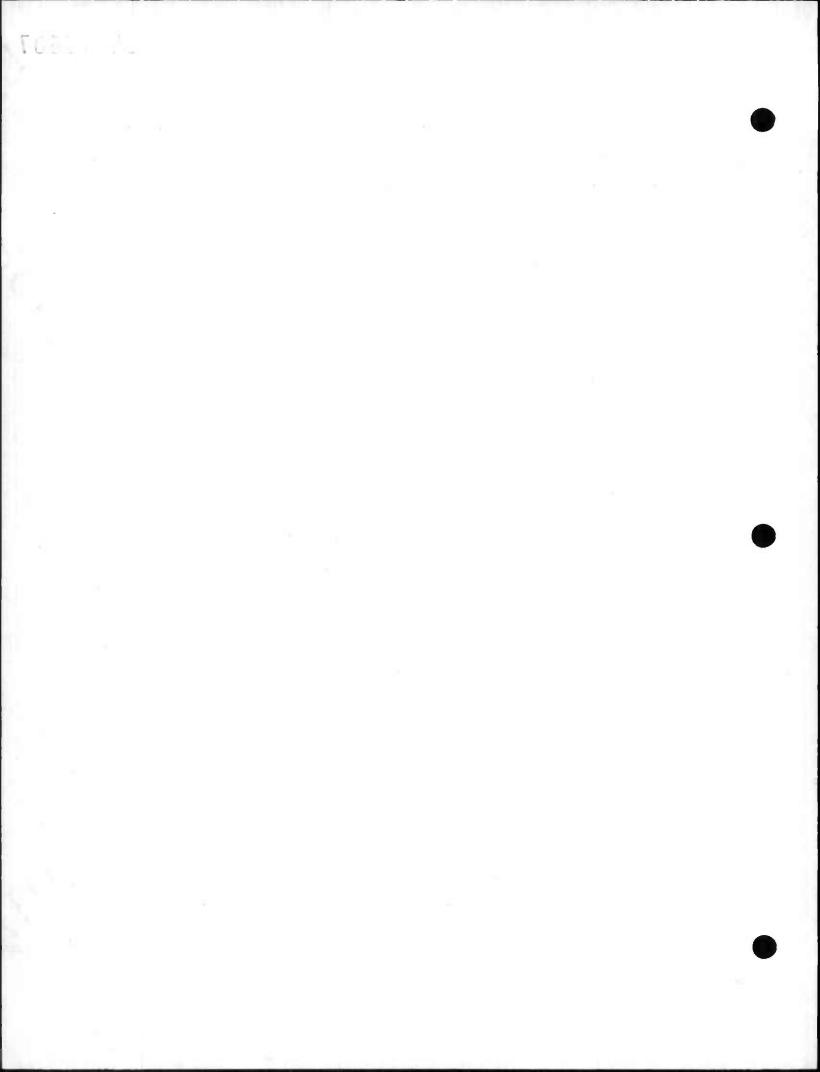
QU'' I.

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within after death. Page 6 may be retained by the intending physician. TO THE HOSPITAL DRAW requires the software of the physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit.
be incomplient of them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) BERNICE F)			2. DATE OF DEATH MONTH DAY GYEAR 1.58 A			
		The state of the s			7. DATE OF BIRTN 02/13/14 02/13/14 02/13/14 02/13/14 02/13/14		(nv)	
TOR						9c. COUNTY OF E	DEATN	
DIRECTOR	Maryland Anne Arundel	JNTY 18c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 □ YES 2 🖁 NO			
FUNERAL	10e. STREET AND NUMBER 421 Forest View Road			101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY USA			WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14. RAC Blec Spec	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S I (Give kind of w life. Do NOT use Homemak	ork done during mo retired.)	DN st of working	16b. KIND OF BUS	BINESS/INDUSTRY		
Š	17. FATHER'S NAME (First, Middle, Last)	to media	CI	18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)		
Frederick Ficken Alta Rober								
2	Philip Robert			Niew Rd	Oute Number, City or Town Linth		ID 21090	
	1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	PLACE AND DATE Of the CITO CTO	rdisposition (Na her place) Matory	, Inc.	06/22 Ba	cation — city or to 1timore	own, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDonald	ld	Crema		ciety of		nd, Inc.	
	23. PART i. Enter the disease, or complications that ceused shock, or haart failure. List only one cause on at IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e Inti	racer				Approximate Interval Between Onset and Death	
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significant conditions contributing to death be	Fr br	ithe undariying	g cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
ВУ РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY (Morth, Day, Year) 28b. TIME OF Sec. INJURY AT WORK? 1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Morth, Day, Year) 28e. DATE OF INJURY OCCURED 28e. DATE OF INJURY OCCURED 38e. DATE OF INJURY OCCURED 48e. DATE OF INJURY OCCURED 58e. DATE OF INJURY O							
	3 Suicide 8 Could not be 4 Homicide 8 Could not be 26e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, Stete) 26e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, Stete)							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated.							
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. 22-								
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	prime)		to MI			

of REGISTRAN'S SIGNATURE

31. DATE FIJUN 2 4 1994



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	ACCOUNT OF ATTEMPINE BUYELFIAM: The

REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH William 323 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 83 YRS. 214-01-9406 1 😿 M 2 🗌 F Oct.8,1910 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH HAR.
RESIDENCE for emoki DIRECTOR Pages 1, 2, 3 Hos tavre de (10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Harford Perryville permit 1 YES ZY NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 154 Bayscape Drive 21903 USA use as the burial-transit ding physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, alc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 THO Specify ВУ Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ĮQ, Elementery/Secondary (8-12) College (1-4 or 5+) detached 12th Winner Distributer Truck Driver once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) pe 듉 Rittershofer Cecelia William BE Should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 154 Bayscape Drive Perryville Md.21903 page 5 M.Dorothea Rittershofer be 20e. METHOD OF DISPOSITION
1 \$\overline{\pi}\$ Burlet 2 \quad \text{Cremation 3 } \quad \text{Removal from State}
4 \quad \text{Donation 5 } \quad \text{Other (Specify)} 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must director Cemetery 6/25/94
22. NAME AND ADDRESS OF FACILITY Baltimore MD. Hi1 Ho1 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral Connelly Funeral HOme of Essex 23. PART I. Enter the diseases, pr complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellore. List only one cause on each line. the Baltimore MD the medical 3 **Approximete** filled in Interval Between 10 IMMEDIATE CAUSE (Final **Onset and Death** cremation, disease or condition _____ luce 0 completely event, DUE TO (OR AS A CONSEQUENCE OF) and com burial, traumatic CERTIFICATION Sequentisity list conditions, 9 DUE TO JOR AS A CONSEQUENCE OF if sny, laading to immediata cause. Enter UNDERLYING physician a CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST 50 shows any injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24a. WAS AN AUTOPSY and of signed t 1 TES 2/ NO OF DEATH? 1 YES 2 NO PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF DEATN (Check only one) certificate I **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER 1 | Inpetient 2 PER/Outpetient 3 | DOA | 28a. DATE OF INJURY | 26b. Ti 4 Nursing Home 5 Residence 6 Other (Specify) 6 the 27. MANNER OF DEATH this c 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO ВҮ After 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 60 8 Could not be DIRECTOR: / COMPLETED 4 Nomicide 28 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) end menner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: It is 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as attend. IGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE monapul 6/22/94 w 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) MONSKIL GON PE DE

32. REGISTRAPIS. SIGNANURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

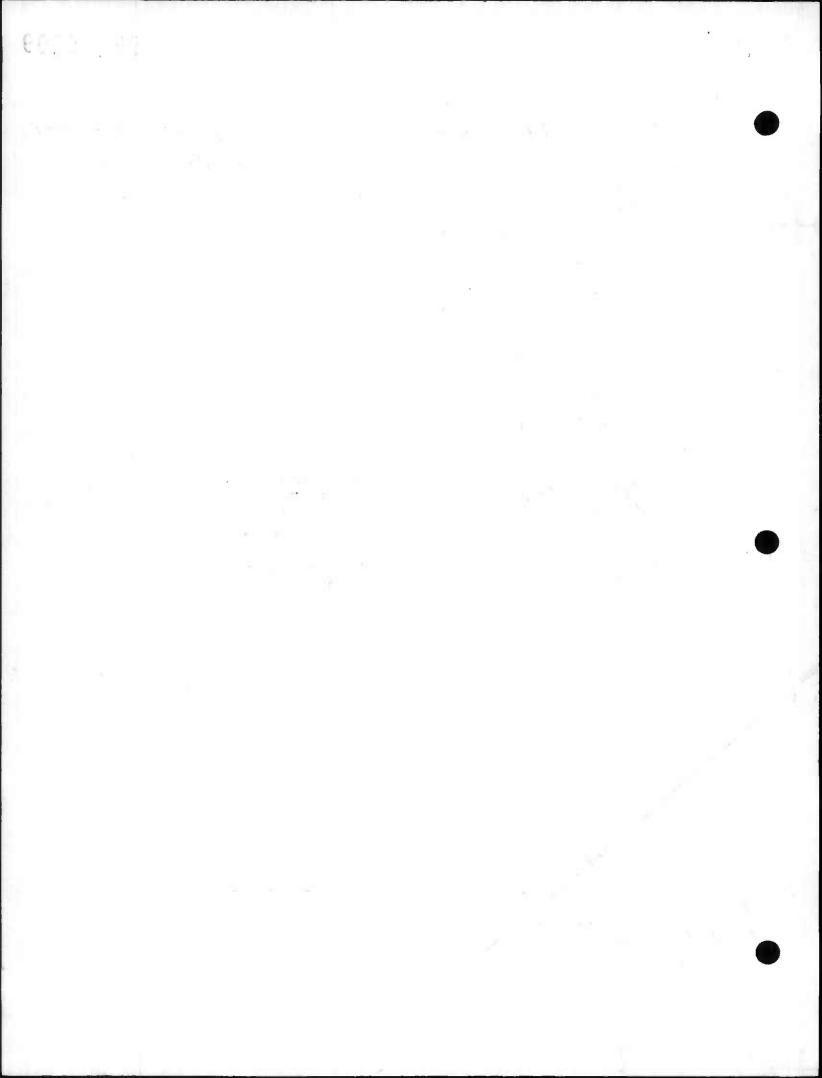
DHMH. 18. Rev. 1/89

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be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH		GIENE S. NO.			
	1. DECEDENT'S NAMII (First, Middle, Last)	Reese	2		2. DATE OF OEA	-	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I	n yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.		тн	8. BIRTHPLACE (State or Foreign		
	213-14-0676 9a. FACILITY NAME (If not institution, give str		2 YRS. MON	CITY, TOWN OR LOCATION OF	Sept 14	, 1921	Maryland		
DIRECTOR	University Hospita			Baltimore	DEATH		timore City		
E I	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY		
DI	Maryland Balt	imore County	y Pik	esville	·		LIMITS? 1 YES 2 NO		
FUNERAL	4028 Raleigh Rd.			101. ZIP CODE 21208			ZEN OF WNAT COUNTRY?		
S I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISP	PANIC ORIGIN? (Spec	Ify Yes or No	14. RACE — American Indian.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA WW	_	If yee, specify Cuban, Maxi 1 ☐ YES 2 ☑ NO Spe	ican, Puarto Rican, a		Black, White, atc. Specify: White		
E0	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION (crapleted)	18a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND (OF BUSINESS/INDI			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	ired.)					
MP		years	Lawyer		Law				
	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, A	Asiden Sumame)			
BE	Walter P. Reese	Sr.			Wheatley				
임	Mrs. Marguerite Re	2000		DRESS (Street and Number or Run					
	20a. METHOD OF DISPOSITION	20h	PLACEAND DATE OF DI	leigh Rd. Pi			21208 City or Town, State		
	1 Burlet 2 Cremetion 3 Removed 4 Donation 5 Other (Specify)	val from State	rraine Par	rk Cemetery	6-22		n, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND ADDRESS OF	FACILITY				
	> John KA	1		Loring Byers 8728 Liberty	Rd. Ran	dallstov	wn, MD 21133		
NO	23. PARTA. Enter the disease, or coahock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions.	lat only one cause on ea	consequence on	nc Sho Abdominal	Aogra		Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
CAL	PART ii. Other aignificant conditions	contributing to death bu	it not resulting in th	ne underlying cause given i	P	AS AN AUTOPSY ERFORMED? YES 2 \(\subseteq \text{NO} \)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE		
						159 2 110	OF DEATH?		
ž									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	01	26. PLACE OF DEATH (I		(v)	<u> </u>		
높	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT		HOW INJURY OCC	URED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Workin, Day, 10st)	Moont	M 1 YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	281. LOCATION (City or Town,	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED				the time, data and place, and d			ed. a cause(s) and manner as stated.		
	295 SHINATUME AND TITLE OF CERTIFIER	///							
8	6/1///	1 _ 1	4//	29c. LICENSE N	7 F /	Þ /	I a G J		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	1)23	-06	1.0/	77/7		
	31. DATE FILED (Month, Day, Year)	Myers	22 5	Greene	St	2120	į.		
	31. DATE FILED (Month, Day, Year)	22. HEGISTHAMB SIGN	TURE						



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DIVISION OF VITAL RECORDS,

FOR 1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAH		CERTIFI	CATE OF	DEATH	REG. NO).		
	3	1. DECEDENT'S NAME (First, Middle, Last) CLEON	REID				2. DATE OF DEATH	MY YE	AR J. TIME OF DEATH	
	158	4. SOCIAL SECURITY NUMBER 219-32-3702	5. SEX 6. AGE (III	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.0	BIRTHPLACE (State or Foreign country)	
2. 3 should	стов	30. FACILITY NAME (If not institution, give str	ning Oale	Rd	96. CITY, TOWN O	OR LOCATION OF DE		9c. COUNTY	OF DEATH	
Pages 1.	DIRECT	0e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	
sit permit.		10e. STREET AND NUMBER	n'ada	6 Pd	101	ZIP CODE	/	10g. CITIZEN	1 ☐ YES 2 ☐ NO OF WHAT COUNTRY?	
5-0020 nding physician. ss the burial-transit	Y FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 ANO	If yes, sp	ENDENT OF HISPAR polify Cuban, Mexica 2 DNO Specify	ORIGIN? (Specify Yon, Puerto Rican, etc.)	a or No — 14.	RACE — American Indian, Black, White, atc.	
use atte	ETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S I	ork done during mo	ON st of working	16b. KIND OF BE	ISINESS/INDUST	BIACK	
Q = 0	COMPLE	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Dis	Abled	/				
MARYLAND retained by the hospit 5 should be detached notified at once.	BE CC	HILLAND	Reid	T 401 4441 110	4000000	Bes	ME (First, Middle, Maide	luth	2	
т а в в в в в в в в в в в в в в в в в в	٩	200. METFIOD OF DISPOSITION	Price	253/	F Bi	ddle =	Poute Number, City or To	timor	e mc.21213	
LTIMORE ath. Page 6 may ineral director, pa		1 Buriel 2 Cremetion 3 Remo 4 Direction 5 Other (Specify) 21. SOLATURE OF FUNERAL SERVICE LICE	val from State	natory of		Cem.	DATE 20c. LI	PIE,	or Town, Stafe	
SALT death. e funeral. al.		Joseph	L. Russ	V	1059	DA WIL	lorth A	VE B	AH MEDIE	
filled in toon or rei		iMMEDIATE CAUSE (Finel disease or condition	proping that caused list only one cause on ee	ch ilne.					Interval Between	
P 0 - 0	N	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	11	YYOEA.	TION		
a cian	CATIC	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A O	CONSEQUENCE OF):					
P.O. th certification of the c	CERTIFICATION	thet initieted eventa resulting in death) LAST								
DRD: that the ed by the h and M any inju	EDICAL C		PART ii. Other algnificent conditions	contributing to deeth bu	t not resulting in	n the underlying	ceuee given in	Pert i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Deen show	Σ	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO			1 TYES 2 NO	
	PHYSICIAN:	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	tient 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Cther (Specify)			
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State I 128 is marked, or item	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURI	ED	
DIVISION OR ATTENDING F DIRECTOR: After thours after death item 28 is mar		3 Suicide 6 Could not be building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Nu City or Town, State)								
로 경 본 철	COMPLET		AN: To the best of my knowle						use(s) and manner as stated.	
TO THE HOSPI TO THE FUNER be filed within	H	296. SIGNATURE AND TITLE OF CERTIFIER SHEET HEAD	Hashi	ut		DLY 6	ABER SUS	29d. DATE SH	SNED (Month, Day, Year) 24-99	
>	5	SUPPLA GISTIP	COMPLETED CAUSE OF DEAL	TH (ITEM 27) (Type,	Print)	E BAS	THORE	- MO	21216	
		JUN 2 4 1994	32. REGISTRAR'S SIGNA	TURE		-		·		

ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should **MARYLAND** 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 58/50,	HYS	Nit o	De.
Z	9	er ti	nar
2	NIQ	Aff	69
2	E	TOR after	28
>	RA	REC US	E
ב	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is the filed within 72 hours after death with the State Deot, or Health and Mental Hopers, prior to hursi, committen, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
	FILE	ERA in 7	Ξ
	H	F. F.	M
	3HI	THE Bell	S
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			100

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAZIE RIDGEWAY aka MAZIE E. RIDGEWAY ELIZABETH JUNE 19 1994 11:45 a.m. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS YRS. MARCH 22, 1907 VIRGINIA 212-24-4691 9a. FACILITY NAME (If not institution, give street and no DOCTORS COMMUNITY 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL LANHAM-SEABROOK PRINCE GEORGE'S CO DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION LANHAM 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? MARYLAND PRINCE GEORGE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 9929 4TH STREET 20706 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC DRIGIN? (Specify Yee or No—
If yea, specify Cuben, Maxican, Puerio Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: WHITE 3 💢 Widowed 4 🗌 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-t2) College (1-4 or 5 +) 12 HELPER DAY CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, JAMES APPLETON JENKINS MAZIE HITAFFER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOYCE A EVANS 9229 4TH STREET, LANHAM, MARYLAND 20706 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 VBurial 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) HILL CEMETERY 6/22 LAUREL MARYLAND 22. HAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE LICEN 7601 SANDY SPRING ROAD, LAUREL, MD 20707 Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List of interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition wows resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death MEDICAL 24e. WAS AN AUTOPSY Curicaly Millalin MAILABLE PRIOR TO VES 2 A NO 15 1 YES 2 ND PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only or HOSPITAL: OTHER: 1 TES 2 TONO 4 - Nursing Home 5 - Residence 6 Other (Specify) C mengery Roon 1 - Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident

34b. WERE AUTOPSY FINDINGS 28a. PLACE DF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER

Thank ank

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the red at the time, data and place, and due to the ceyse(a) and menner as stated. 29b. SIGNATURE AND THE OF CENTIFIE 299. LICENSE NUMBER LARW Thomas Malphey 4814-71st Avenue Hyattsville, MD 20784 31. DATE FILED (Month, Day Year) 1994 32. HIGISTRANS SIGNATURE

Direction

SICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

Retrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

D. BOX 68760,

and, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ORDS, P.C	hat the death cer	d by the attending	and Mental Hygi	ny injury, or o
DIVISION OF VITAL RECORDS, P.C	WISICIAN: The law requires that the death cer	en us certificate has been signed by the attending	In the State Dept. of Health and Mental Hygi	Le marked, or item 23 shows any injury, or o
DIVISION OF	MITERDING	Ser	The Colon Ac	í
0	TO THE HOSPITAL O	TO THE FUNERAL DIS	be filed within 72	IMPORTANT: If Ib

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	ME
DECEDENT'S NAME (First, Middle, Last)		72
Ida Ma	tion Riggle	
SOCIAL SECURITY NUMBER	5 SEY & AGE (In use lest highers & STANDER & MARK AT IMPORTANT AND	+-

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF				MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) Ida Mari	on Riggle					2. DAT	TE OF DEATH	19	94	3. TIME OF DEATN	
	212=10=9454	□ M 2 X F 77	yrs. last birthday) YRS.	IF UNDER 1	DAYS HO	UNDER 24 HRS.	2 (Mor	e OF BIRTH nth, Day, Year) 7 19	17	Country	PLACE (State or Foreign Tyland	
TOR	9a. FACILITY NAME (If not institution, give street 4 F GLennshannen C RESIDENCE OF DECEDENT	ion Court Essex					EATH	oc. COUNTY OF DEATH Baltimore				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltim	ore		Y, TOWN OF	RLOCATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4 F Glennshannon C	ourt			101. ZIP	221			- 17	ZEN OF W	HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. Was decedent ever in Forces? 1 — Yes If Yes, give war or dat	2 NO	If		Cuban, Mexic	an, Puerto	NN? (Specify Yea o Ricen, atc.)	or No-		- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication) Elementary/Secondary (0-12) 8 th	ON pleted) oilege (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done di	uring most of	working	16	Bb. KIND OF BUS	INESS/IND	USTRY	-	
SO N	17. FATHER'S NAME (First, Middle, Last)		71000	3000		MOTNER'S N	AME (First,	, Middle, Maiden	Sumeme)			
BE	Benjamin Franklin 19a. INFORMANT'S NAME (Type/Print)	. Butler						anda Mo				
욘	Douglas R. Sherbe		P.O.	Box	24756	Bal	timo)	mber, city or Town re. Mar	ylan	d 21:		
	20e. METNOD OF DISPOSITION 1 Wenter 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. I ceme	PLACE AND DATE (tery, crematory or o . クムオー「	of disposition (her place) Mon	FION (Name o	lus 6	127/	94 Man	riot:	City or Ton	wn, Stata Cle. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		22. N	AME AND A	DDRESS OF FA	CILITY				lk, Inc.	
	- Cond b	and	٠ ـ ـ ع	_ 79	22 Wi	se Ave	2. De	undalk.	Md.	212:	22	
	23. PART I. Entar the diseases, or com shock, or heart failure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on aer	State	H	0			rdiac or reapli		reat,	Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A										
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):								
4	PART II. Other significent conditions co	ontributing to death bu	t not resulting	n the unc	larlying ce	use given in	Part I.	24a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC								1 YES 2	□ NO		OF DEATN?	
N.	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATI	H YES	□ NC					1 TES 2 NO	
SICIAN:		OSPITAL: Inpatient 2 ER/Outper	11-12 2 T DOA	OTHER		OF DEATN (C	-					
ву Рну	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJURY WORK?	AT 2 NO	7	EŞCRIBE NOW IN	JURY OC	CUREO		
1 1	2 Accident investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY - building, atc. (Specif	At home, ferm,	street, facto	ry, office			OCATION (Street a ty or Town, State)	nd Number	or Rural R	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN ONE) 2 MEDICAL EXAMINER: O	i: To the best of my knowle in the basis of examination) and menner as stated.	
BE	296 SIGNATURE AND TITLE OF CERTIFIER	el de m	0		290	LICENSE NU	MBER 93	5	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WNO CO	OMPLETED CAUSE OF DEA	TN (ITEM 27) (Type	Print)								
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							- :-		
	JUN 2 4 1994 Jun	Dentem Park	LANE									

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PEG NO

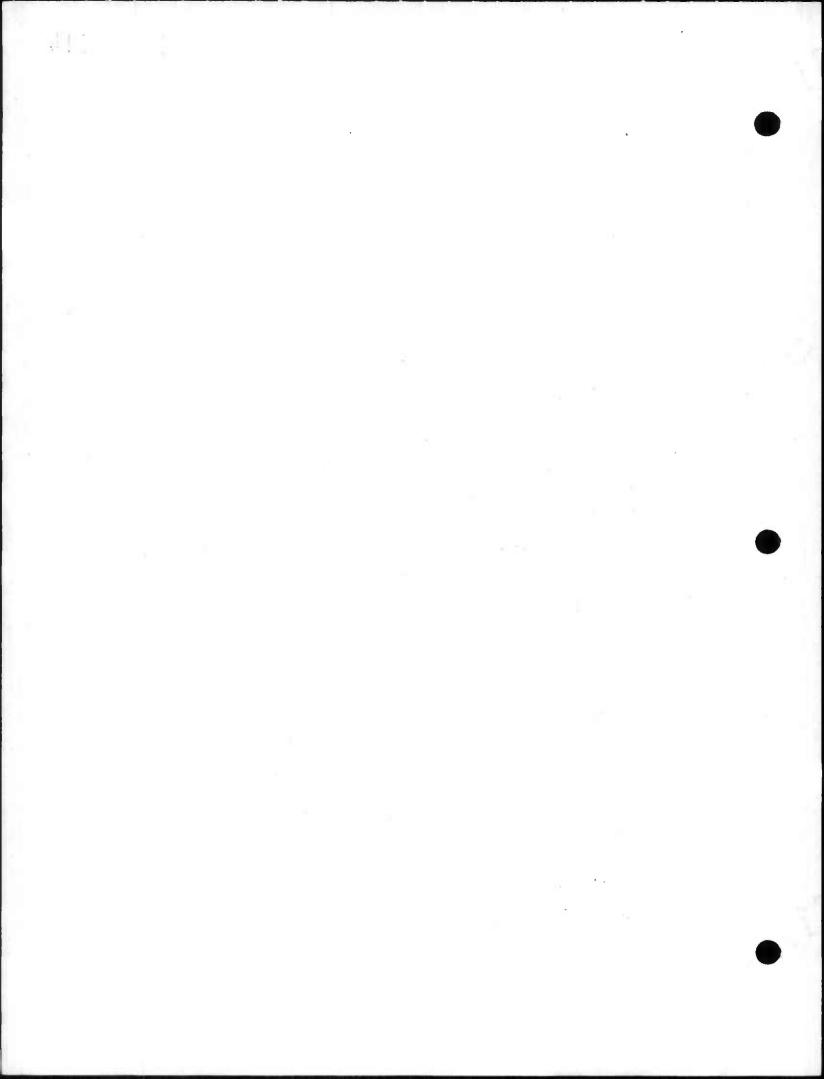
REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
WILLIAM SAT	TERFIELD				JUNE	23 9/1	2.48P M			
4. SOCIAL SECURITY NUMBER 219 - 26 - 9396	MANATURE DAVE MANUE (Month, Day, Year)									
9a. FACILITY NAME (If not institution, give JOHNS HOPKINS		ATH	9c. COUNTY OF	I R G I N I A						
RESIDENCE OF DECEDENT			DAUI	IMORE C	111	Π/ α				
JOHNS HOPKINS RESIDENCE OF DECEDENT 100. STATE MARYLAND	n/a	toc. CITY	TOWN OR LOCA BALT	TION I MORE			10d. INSIDE CITY UMITS? 1 VES 2 NO			
100. STREET AND NUMBER 1701 SPRING 11. MARITAL STATUS	STREET		10	7. ZIP CODE 21213		WHAT COUNTRY?				
11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YES	2 💢 💥	Il yes, sp		IIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	Bla	CE — American Indian, ack, White, etc.			
	UCATION de completed)	16a, DECEDENT'S L (Give kind of w	ork done durina m	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY				
15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace) Elementary/Secondary (0-12) 9 TH 17. FATHER'S NAME (First, Middle, Last) WILLITAM S SA	College (1-4 or 5+)	ROANE	S <u>-</u> DR	I V E R	RIGGIN	G &TRAN	ISFER CO.			
WILLIAM S. SA	TTERFIELD				ME (First, Middle, Maiden E . ROY	S TER				
198, INFORMANT'S NAME (Type/Print)	TERFIELD	4816	ADDRESS (Street	LTON AV	Poute Number City or For E, BALTIM	ORE, MD	apt.B1 #0			
20a. METHOD OF DISPOSITION XIXBurial 2 Cremetion 3 Re-	moval from State 20	PLACE AND DATE OF	FDISPOSITION (N	eme of RIAL G	ARDEN A	RBUTUS				
21. SIGNATURE OF FUHERAL SERVICE S)	22. NAME A	ND ADDRESS OF FA	CILITY					
- Ouran	WM. C. MARCH FH1101 E. NORTH AVE.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition Artoriogalorotia Cardiovasquilar Disease									
Sequantisity list conditions, if any, lasding to immediata cause. Entar UNDERLYING	if any, (asding to immediate									
Sequantisily list conditions, if any, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initisted avents resulting in dasth) LAST	CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
PERFORMEO? 1XXES 2 NO OF DE										
DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH \	ES T NO	INQU	VATI	1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUUL OI		LACE OF DEATH (Ch		11/1				
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	ne 5 🗆 Residence	8 Other (Specify)					
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 2 \(\text{ NO} \) 27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUREO				
	(Month, Day, Year)	INJL		ORK? YES 2 NO						
3 Suicide 8 Could not be	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, larm, streat, factory, office building str. (Specify)									
A CONTRACTOR OF THE PARTY OF TH	SICIAN: To the best of my know									
3	IER: On the basis of examination	AT STREET HIVE STIGSTON	, in my opinion,			na due to the caus	e(s) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFI	tolen)		O.C.N			NE 24/94			
	THO COMPLETED CAUSE OF OR	111 Pen	n Stre	et, Bal	timore,	Maryla	nd 21201			
JUN 2 4 1994	32. REGISTRAR'S SIGI			·						

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 6:40 MNE 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 1 2 M 2 - F 28 permit, Pages 1, 2, 3 should TY OF DEATH DIRECTOR RESIDEN OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit the hospital or attending physician 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Service certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. once. 17. FATHER'S NAME (First, Middle Last Ħ retained by TURNER BE notified RMANT'S NAME (Type/Print) 19b. MAILING ADDRESS 2 onne URNER iours after death. Page 6 may be pe METHOD OF DISPOSITION A AND DATE OF DISPOSITION (NE 20c. LOCATION must 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Specify) examiner OF FUNERAL SERVICE LICENSE W. 3405 dra 87 1229 12d 72. medical seeses, or complications that caused the death. Do not enter the mode of dying, auch ea cerdiac or respiratory arreat, Approximate leart failure. List only one cause on sech line. Interval Betwe IMMEDIATE CAUSE (Finel Onset and Death the diseese or condition resulting in deeth) event, requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF). week traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 9 shows any injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🖂 NO | 23 HOSPITAL OR ATTENDING PHYSICIAN: The law 35. WAS CASE REFERRED TO MEDICAL BIL PLACE OF DEATH Check only one ltem! HOSPITAL TES 2 NO 0 28a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28d. DESCRIBE HOW INJURY OCCURED r this c 25c. INJURY AT WORK? is marked, L DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Acetoent 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 8 Could not b 28 4 Homicide ERSON 5% 152 29a. CERTIFIER TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER 294. DATE SIGNED (Month, Day, Year) LICENSE NUMBER BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 50

JUN 2 4 1994



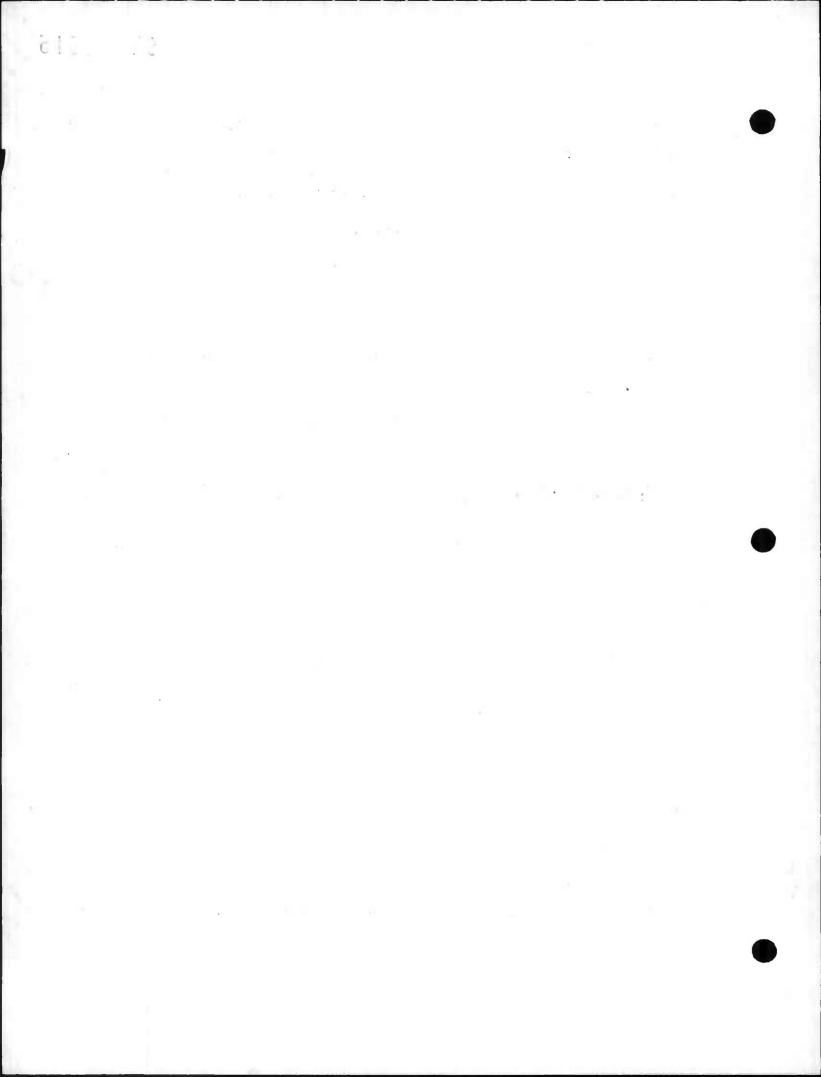
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIEN REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		Т	3. TIME OF DEAT	H
JOHN	J.	S	STARR	JR.	JUN.	E 2	o §	4	8:33	P
4. SOCIAL SECURITY NUMBER 217-24-1699	5. SEX 6. AGE	MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (Day, Year)		Country)	LACE (State or Fo	
9a. FACILITY NAME (If not institution, give st		YRS.	CITY TOWN (OR LOCATION OF DI	Feb.	17,	1980		arylan	d
934 S.CONKLING				MORE C			36. GOONT	or be		
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION				T	10d. INSIDE CITY	,
Md		BAL	TIMOR	ZIP CODE			I so civize		YES 2 HAT COUNTRY?	NO
934 South Conl	cling Stre	et		21224			U.S.		TAI COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp	ecity Cuban, Maxica 2 NO Specif	en, Puerto R					en,
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USI	done durina mo		16b.	KIND OF BUS	SINESS/INDUS			_
Elementary/Secondary (0-12)	College (1-4 or 5+)	itte. Do NOT use re Seaman	se retired.)						ine(Se	a)
17. FATHER'S NAME (First, Middle, Last)						liddle, Maiden				
John Joseph S					Burk					
	STarr			and Number or Rural					21222	
20a. METHOD OF DISPOSITION	DATE ZOC. EXCENTION - City of IDWII, STATE									
1 Burlat 2X Cremation 3 Removal from State cemetery, crematory or other place) 4 Donelton 5 Other (Specify) Green Mount Crematory 6-22-94 Balto., Md.										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md.										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olseese or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	0416	7200010		W 131	o bes	اردا		
d										
	-		ut not resulting in the underlying ceuse given in i			PERFORMED?			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO USE O	CONTRIBUTE TO	CAUSE OF D	EATH Y	ES NC		DUSP	edin		1 YES 2	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PI	ACE OF DEATH (Ch	neck only on)				
27. MANNER OF DEATH	1 Inpetlant 2 ER/Outs 28e. DATE OF INJURY		☐ Nursing Hom	Realdence	1		NJURY OCCU	DEO		
1 Natural 5 Pending	(Month, Day, Year)	INJUR	y WC	YES 2 NO	280. DEŞ	CHIBE HOW I	NJOHT OCCO	HED		
3 Suicide 6 Could not be detarmined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	CIAN: To the best of my know								end manner as s	stated,
2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the 29b. SKANATURE AND TITLE OF CERTIFIER 29d. DATE									Month, Day, Year)	
White Who	Shell	ATL STORAGE		O.C.1	M.E.				21,199	4
MARYPUAD A	KOLUL V	ATH (ITEM 27) (Typo, Pri		reet, 1	Balt	imore	, Mai	cyl	and 21	20
JUN 2 4 1994	1 32 REGISTRAN'S SIGN	ATURE								



BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	TIEGIOTIBAT					TONIE C	/ DEA		MEG.	NU.		
	1. DECEDENT'S NAME (First	Middle, Last)	ARET	2 5	TA	-KE	Μ		2. DATE OF DEAT MONTH	DAY	YEAR 3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER		5. SEX							22 1	994 63,00 / 1	
	214-22-2170		1 M 2 X F	6. AGE (In yrs. le		IF UNDER 1 YE	-	MIN.	7. DATE OF BIRTH (Month, Day, Yea	r)	BIRTHPLACE (State or Foreign Country)	
	9e. FACILITY NAME (If not in			00	, ,,,,,	OF CITY YOU	VN OR LOCAT		August			
Œ									ire .	9c. COUNTY OF OEATH		
DIRECTOR	Northwest F	OSDÍT	al Center			Rand	<u>lallst</u>	own		Baltimore		
l m	10e. STATE	10b. COUNT	Y			Y, TOWN OR LO					10d. INSIDE CITY	
ā	Maryland	Balı	timore		Lochearn						1 TES 2 TO NO	
A A	10e. STREET AND NUMBER						101. ZIP CO	DE		10g. CI	TIZEN OF WHAT COUNTRY?	
FUNERAL	7015 Yataru	ıba Dr	ive				21	207			U.S.A.	
3	11. MARITAL STATUS	I. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-							14. RACE — American Indian, Black, White, etc.			
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					1 _	YES 2 X NO	Specify:	Puerto Rican, etc	.)	Specify: White	
						VI.						
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)		ECEDENT'S Give kind of le. Do NOT u	Work done during	PATION g most of work	ing	16b. KIND OF	BUSINESS/II	IDUSTRY	
٦	Elementary/Secondary (C 12 Years)-12)	College (1-4 or 5	+)	etic:	43.5334.6				0		
M	TZ TEGIS 17. FATHER'S NAME (First, Middle, Last)					Lan	40, 1400	ruemin avais	E (First, Middle, Ma		ve Hospital	
	Joseph Duck	Collinson.							Lambert	iden Sumame)		
BE	19a. INFORMANT'S NAME (95 MAILING	ADDRESS (Str	_		unte Number, City or	From Ctute 7	Zin Cadal				
2	Lawrence R.							Virginia 22191				
		AND DATE	OF DISPOSITIO	N /Neme of		DATE 206	LOCATION -	- City of Town State				
	METHOD OF DISPOSITION 20b. PLACE AND DATI cemelary.cemel						al Pa	rk 6	/2/1/9/1	zyko ozy	ille, Maryland	
	11. BIGNATURE OF FUNCIAL SERVICE LICENSEE 22. NAME							ESS OF FACI	LITY			
	▶ \\=\ \ \	7									ors, Inc.	
	20 0000 1 5-000	1				8728	Libe	rty R	oad Rand	lallst	own, MD 21133	
	23. PART L Enter the d shock or h	aert failure.	Complications that List only one ceu	it caused tha d use on aech iin	eath, Doi	not antar tha	mode of dy	ying, such	ss cardiac or r	espiratory a	Approximate interval Batween	
	iMMEDIATE CAUSE (Fir disease or condition	nal	<	EPSI	6						Onset and Dasth	
	reauiting in desth)	→	8	(DR AS A CONSI		5.	Sanys					
		_	DOL 10	(DIT NO A COROL	EDUENCE U	r):						
CERTIFICATION	Sequantially list condit if any, lasding to imme		b. DUE TO	(OR AS A CONSE	EQUENCE O	F):						
CAT	cause. Enter UNDERLY	ING	c.									
Ē	CAUSE (Disease or injute that initiated events		DUE TO	(OR AS A CONSE	EQUENCE O	F):						
E	resulting in death) LAS	T L	d,									
	PART ii. Other significa	nt condition	ns contributing to	death but not	resulting	in the under	vina ceuse	given in P	nrt I 24a Will	S AN AUTOPS	24b, WERE AUTOPSY FINDINGS	
EDICAL	7-		_		170		,,	g	PE	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									1 _ YE	S 2 NO	OF DEATH?	
Σ				_							1 TES 2 TNO	
NA N	25. WAS CASE REFERRED T	D-MEDICAL				2	DI ACE OF	DEATH /Chac	rk onty one)			
200	25. WAS CASE REFERRED TO-MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28h. INJURY AT WORK?											
H	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b, TIN	E OF 28c	INJURY AT		28d. DESCRIBE H	OW INJURY O	CCURED	
		Pending Investigation	(Month, D	Pay, Year)	IN.	JURY 1	WORK?	_ 55				
Э ВУ	2 Devlotes	Could not be	28e. PLACE C	F INJURY — At h	ome, ferm,	street, fectory,	office		281. LOCATION (St	eet and Numb	er or Rural Route Number,	
ETED		determined	ounding,	etc. (Specify)					City or Town, S	into)		
片	29e. CERTIFIER (Check only	TIFYING PHYS	CIAN: To the best of	my knowledge, d	leath occurr	ed at the time.	dete and plac	e, and due to	the cause(a) and	manner se si	eted	
COMPL											the cause(s) and menner as stated.	
	298 AUGMATURE AND TITLE							ENSE NUMB			NTE SIGNED (Month, Day, Year)	
BE	Syn	2-	6-6a				9	400	191	•		
유	30. NAME AND ADDRESS OF	PENSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27 (Type	, Print)	111	1	0.0	-	23.05	
	00	0 7	yell.	MA	MIT	L N	wy (- 10	molas	100	n 21133	
	31. DATE FILED (Month, Day,		32 EGISTRA	R'S SIGNATURE	المدار							
	JUN 2	4 1994	(alie de	Tandam K								

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	t. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3. TIME OF DEAT		
	Roger L. Snyder						June	June 21 1994				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN	T a	BIRTHPLACE (State or Fo		
	219-22-8654	1. M 2 F	66	YRS.	MONTHS DAYS		(Mont)	Day Year)	1927	Country) Maryland		
	9e. FACILITY NAME (If not institution, give str				9b, CITY, TOWN	N OR LOCATION OF D		10,		Y OF DEATH		
Œ								Carrol1				
5	6502 White Rock R	oad			Syl	kesville_			Lar	TOTT		
DIRECTOR	10a. STATE 10b. COUNTY		-	10c. CITY	, TOWN OR LOC	CATION				10d. INSIDE CITY		
HO	Maryland Ca	rroll		Cur	kesvil	l e				LIMITS?		
	10e. STREET AND NUMBER			Зу		101. ZIP CODE			T ton Olympia	EN OF WHAT COUNTRY?		
FUNERAL		- 1		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED								
¥	6502 White Road R	Oad 12. WAS DECEDENT	F Flores are the con-			21784				ed States		
	1 Never Married 2 X Married	FORCES? 1-	yES 2 □1		13. WAS D	ECENDENT OF NISPA specify Cuban, Mexic	NIC ORIGIN an, Puarto I	l? (Specify Ye. Rican, etc.)	a or No — 1	 RACE — American India Black, White, etc. 		
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	WII	1 🗆 Y	ES 2 X NO Speci	tty:			Spec//y: White		
	46 DECEDENTIA COM	ATION			1							
2	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(G	live kind of we	USUAL OCCUPA ork done during	most of working	16b	KIND OF BU	SINESS/INDUS	STRY		
٣	Elamentary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use								
COMPLETED	11th grade		Re	t: Ch	essie S			hief				
္ပ	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S N	AME (First, A	Aiddle, Maiden	Sumame)				
BE (Raymond Luther Sn	yder Sr.	Sr.			Rob	erta	Heckr	otte			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	oer, City or Tow	vn, State, Zip C	Code)		
2	Mrs. Joan R. Snyd	er	- 1			Road Road						
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF DISPOSITION / Name of				DATE 20C. LOCATION — City or Town, State					
T)	1 Burlai 2 Cremation 3 Remo	wel from State	cemetery, cre	ematory or oth	her place)	al Park	6/2			Llle, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	глаке	ATEM			1	د اد.	ykesv1	rite, un		
ı,	22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.											
- 39												
	23. PART I Enfer the disease, or consider the constant of the	ist Dnly Dne car	se on each line	Ð.	8728 ot enter the n	8 Libert	y Roa	liac or reap	iratory erres	Approximatinterval Be Onset and Moud		
TIFICATION	shock, Dr heert fallure. L	DUE TO	se on each line	OUENCE OF	8728 Conge	8 Libert	y Roa	liac or reap	iratory erres	Approxima		
CERTIFICATION	IMMEDIATE CAUSE (Finst disease of condition resulting in death) Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF	8728 Conge :	B Libert node of dying, auc	y Roach as card	liac or reap	iratory erres	Approxima		
EDICAL	IMMEDIATE CAUSE (Finst disease of condition resulting in death) Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF	8728 Conge :	B Libert node of dying, auc	y Roach as card	liac or reap	A AUTOPSY RMED?	Approximinterval Be Onset and Moud Approximation of the Autopsy Fill Amilable Prior Completion of Cofficients of the Amilable Prior Cofficient		
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ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fins) disease of condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (DUE	(OR AS A CONSECTION OF AS A CONS	OUENCE OF OUENCE OU	DEATH 26. OTHER: 4 Nursing Ni COFF MY M 1 Itreet, factory, of	B Libert node of dying, aud ling cause given in YES \ NC PLACE OF DEATH (C) OTHER S Realdenca NUURY AT NOORK? YES 2 _ NO Title atta and place, and du	y Roach as card hack only on 6 Othe 28d. DES	24a. WAS AN PERFOI I YES :	A AUTOPSY RMED? 2 PND INJURY OCCUI	Approximatinterval Be Onset and Moud Interval Be Onset and Interval Be Interval B		
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IVISION OF VITAL RECORDS, P.O. BOX 68760,	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Les Rosetta H. Sa					2. DATE OF OEATH MONTH	945_ 0	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX	& ACE (In last higher 1	Elman		9 4	7	4 0/4				
	246-28-4516	5. SEX	6. AGE (In yrs. last birthday) 86 YRS.	MONTHS DA	AR IF UNDER 24 HRS.	May 20,	1908	BIRTHPLACE (State or Fore Country)				
	9e. FACILITY NAME (If not institution, give		30	9b. CITY. TO	WN OR LOCATION OF D		9c. COUNTY	North Card				
R	700 W. Old Liber				esville		Carroll					
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUN			Y, TOWN OR L			10d. INSIDE CITY LIMITS?					
	Maryland Ca:	rroll	S	ykesvi			-	1 TYES 2XXN				
FUNERAL	700 W. Old Liber				101. ZIP CODE 21784		Unite	d States				
8	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced		TEVER IN U.S. ARMED YES 2 2NO AR OR DATES	If yo	DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 NO Speci		se or No 14.	RACE — American Indian Black, White, atc. Specify: White				
ETED	15. DECEDENT'S ED (Specify only highest gra		16e. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF B	USINESS/INDUST	TRY				
	Elementary/Secondary (0-12)	College (1-4 or 5 +)		g most of working	n . 1	J 1 37	Charle				
COMPL	8th grade		Food S	ervice	Employee			vy Station				
	17. FATHER'S NAME (First, Middle, Last)				Part of the second seco	AME (First, Middle, Meide	n Surname)	1 1 1				
BE	David Ham 19a, INFORMANT'S NAME (Type/Print)				Dema Ca							
2	A STATE OF THE STA	drorra			reet and Number or Rural Liberty Ro	Route Number, City or To	wn. State, Zip Co. Ville,					
	Mrs. Shirley And	arews										
	1 Suriel 2 Cremation 3 Re 4 Donation 5 Donation	moval from State	cemetery, crematory or o	ther place) Ranti	st Church	6/25 C	ocation – city onowing					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burrier-Queen Funeral Directors											
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reappratory arrest, Approximate											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	b	(OR AS A CONSEQUENCE O									
CER		d										
AL	PART II. Other algnificent condition	ons contributing to	deeth but not resulting	in the under	tying cause given in	Pert I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO				
EDICAL		DE VII	0			1 □ YES		COMPLETION OF CA OF DEATH?				
₹		A SH						1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	1100	n									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	IL PLACE OF DEATH (O	and the same of th						
HYS	1 YES 2 NO	1 (Inpatient 2 ()	ER/Outpatient 3 C DOA INJURY 285. TIM	E OF 126	Home 5 Pflesidence	8 Other (Specify)	BUILDIN OCCUP	EO				
	1 Hatural 5 Pending	(Morth, De	ny, Minor) and	JURY	WORK?	John School Man	THE PARTY OF THE P					
84	2 Accident Investigation 3 Suitable 8 Could not b	28e. PLACE OF	F INJURY — At home, farm, etc. (Specify)			281. LOCATION (Street City or Town, State	IBI. LOCATION (Sheet and Number or Flural Fisule Number					
	4 Homicide determined	.,										
빌	29a. CERTIFIER CERTIFYING PHY	/SICIAN: To the bast of	my knowledge, death occurr	ed at the time	data and place, and de-	a to the cause(a) and m	enner as etaled	Acres 18 a.A.				
COMPLETED	one)		amination and/or investigation					euse(e) and manner as str				
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE-NU		,	IGNED (MOTER, Day Year)				
BE	MANS	11/2	MI	P		11049	D /	2/2016				
일	39. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type	, Print)	12	1	1. 1	60171				
	IIImua	115	Wille	/	1-0 8	NO 541	Wes	Mens				
	31. DATE FJUN 2 4 1994	G2 REGISTRA	R'S SIGNATURE	- 12								
	JUN 2 4 1994	1 min war	den findall									
		4										

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Pours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	EALTH AND DEATH	MENTAL	HYGIEN REG. NO.	E			
	t. DECEDENT'S NAME (First, Middle, Last) Elizabeth A.	Shanaha.	n			2. DATE O MONTH	F DEATH		YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-24-8884	1 □ M 2 Ø F 94	(In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day Year)	899 Maryland			
TOR	90. FACILITY NAME (If not Institution, give str Stella Maris Hos RESIDENCE OF DECEDENT			Pb. CITY, TOWN	EATN			timo			
DIRECTOR	Md .		100	v, town or Local ltimore	-				Od. INSIDE CITY LIMITS? XYES 2 NO		
FUNERAL	3705 Ina Avenue	3705 Ina Avenue						USA		AT COUNTRY?	
ВУ	11. MARITAL STATUS t Never Merried 2 Married 3 X Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	If yes, sp	ecity Cuban, Mexic 2 NO Speci	en, Puerto Ric				- American Indian, White, atc.		
COMPLETED	ts. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of v life. Do NOT us	USUAL OCCUPATION NOT REPORT OF THE PROPERTY OF	ast of working		& P.			e Co.		
BE COM	17. FATHER'S NAME (Flist, Middle, Last) Charles Pierce				18. MOTHER'S NA Annie	AME (First, Mi	ddle, Maiden		p		
10	Norma E. Hamiltor	1	19b. MAILING 3705	ADDRESS (Street of Ina Aver	ue Balti	more,	r, City or Town	21206	Code)		
	Norma E. Hamilton 3705 Ina Avenue Baltimore, Md. 21206 20a_METHOD OF DISPOSITION 1										
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, ehock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DILATED TSCHEMIC CARDIO MYOPATHY DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.										
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. CBM 9651 VB HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditione	out not resulting i	n the underlyin	g ceuse given in		24a. WAS AN PERFOR	MED?	AN CO	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?		
ICIAN		HOSPITAL:		OTHER:	ACE OF DEATH (C/						
	27. MANNER OF WEATH 1 Natural 5 Pending	URY AT PRK?	28d. DE\$CRIBE HOW INJURY OCCURED								
TED BY	Accident Investigation 3 Suicide 8 Could not be determined	— At home, farm, s	me, farm, street, factory, office			OCATION (Street and Number or Rural Route Number, lity or Town, State)					
COMPLETED		IAN: To the best of my know								nd menner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	75		29c. LICENSE NUMBER 0375 43					29d. DATE SIGNED (Month, Day, Year) ▶ 6 6 3 (
	39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MARK SHROM BERG 2300 Dulaney Valley Rd Tuwsin, March 11. Date filed (Month, Day, Year) 1. Date filed (Month, Day, Year) LEZ, REGISTRAR'S SIGNATURE									Md 21204	
	JUN 2 4 1994	Julio Danden									

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The requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.

The record of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be not attended the prior to bunial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

TML RECORDS, P.O. BOX 68760,

DIVISION OF VIOLENCE OF VITEROING WATER TO THE FUNERAL DIRECTION After Second Selection within 72 hours after death to the MPORTANT: If Item 28 is manked, un

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CERTIFI	CATE O	DEATH	REG. NO					
1	t. DECEDENT'S NAME (First, Middle, Last) James R	obert S	Stepp			2. DATE OF DEATH D. June 21	AY 19:	3. TIME OF DEATH			
			GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
- 0	094-62-3466	M2 □ F 1		MONTHS DAYS	HOURS MIN.	12-18-197	4	Maryland			
	9a. FACILITY NAME (If not institution, give stree	et and number)			OR LOCATION OF DE	ATN	NTY OF DEATH				
DIRECTOR	North Anundel H	ospital		Glen	Burnie		Anne	e Arundel			
Ä	10a. STATE 10b. COUNTY			TOWN OR LOC				10d. INSIDE CITY LIMITS?			
0	Maryland Anne A	rundel	P	asadeno				1 TES 2 X NO			
FUNERAL	129 South Carolina			21122			en of what country? ed States				
BY	1t. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED ZES 2 XNO PR DATES	If yes,	CENDENT OF HISPAN pecify Cuban, Mexican S 2 NO Specify	IC ORIGIN? (Specify Year, Puerto Rican, atc.)	n or No—	14. RACE — American Indian, Black, White, aic. Specify: White				
8	ts. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S (Give kind of w	JSUAL OCCUPATOR done during in retired.)	TON nost of working	16b. KIND OF BU	SINESS/INDU				
COMPLET		College (1-4 or 5 +)		retired.) ndant				- 0.7			
MO	17. FATHER'S NAME (First, Middle, Last)		00,00	TOUCTUC	16. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)				
BE C	Charles J. Stepp					R. Rose	,	201			
	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow					
5	Roberta R. Stepp		129 S	outh Co	vrolina A	ienue Pasa	dena,	Maryland 21122			
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE AND DATE OF COMMENT OF			6=24 Dor					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7922 Wise Ave. Dundalk, MD 21222 Duda-Ruck Funeral Home of Dundalk, Inc.										
	23. PART i. Enter the diseases, or cor	molications that car	seed the deeth Do o	Duad	-RUCK F	uneral H	ome c	of Dundalk, In			
	shock, or hasrt feliure. Lis IMMEDIATE CAUSE (Final	st Dnly Dna cause o	n aach lina.				matory erre	st, Approximate Interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions	contributing to dast	th but not resulting i	tha undarlyi	ng cause given in			24b. WERE AUTOPSY FINDINGS			
DICAL						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME								1 TYES 2 THO			
	DID TOBACCO USE CO	INTRIBUTE TO	CAUSE OF	DEATH	YES NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			PLACE OF DEATH (Che	ock only one)					
YSI	1 YES 2 NO	☐ Inpatient 2 1 ER/	Outpatient 3 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	6 Other (Specify)					
ВУ РН	27. MANNEB-OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		JRY V	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCC	JRED			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, atc. (URY — At home, farm, s (Specify)	reet, factory, of	lce	28f. LOCATION (Street City or Town, State)	et and Number or Rural Route Number, tte)				
COMPLETED	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
NO.	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dearn occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d. DATE	SIGNED (Month, Day, Year)			
TO B	Donn N Co	meldat	2 M	0	1728	030	1 6	12194			
-	DAVID R COM	COMPLETED CAUSE OF	Johns	11	m Hein	utal 2	1287				
	JUN 2 4 1994	32. REGISTRAR'S	SIGNATURE	1			-/-				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

SICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
uted within hours after death. Page 6 r	completely filled in by the funeral director	rial, cremation, or removal.	c event, the medical examiner mu
requires that the death certificate be exect	een signed by the attending physician and	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumati
HIAL OR ATTENDING PHYSICIAN: The law I	FRAL DIRECTOR: After this certificate has be	n 72 hours after death with the State Dept.	IPORTANT: If item 28 is marked, or item 23 s
1	TO THE FUNI	be filed within	IMPORTAN

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	<u></u>	<u> CE</u>	:KIII	CATE	JF DEA	ин	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY	R		STR	EEN	-		JUNE 21,	 1994	YEAR 1.	TIME OF DEATN L:45 P M	
	4. SOCIAL SECURITY NUMBER 212-22-5055	5. SEX	6. AGE (In yrs. last 80	t birthday)	IF UNDER 1 Y	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) OCT 6, 19	913	a. BIRTHPLI Country) VIRG	ACE (State or Foreign	
NC N	9e. FACILITY NAME (If not institution, give s 3301 CLARKS LA.,		- 24.							INTY OF DEAT		
151	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND 106. COUNTY		10c. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	3301 CLARKS LA.	APT. A				101. ZIP CO 212	15		10g. CITIZEN OF WHAT USA			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? t IF YES, GIVE W	T EVER IN U.S. ARI YES YOUNG	MED	II ye	DECENDENT s, specify Cul YES X N	oan, Mexice	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	14. RACE — Black, W Specify: WH	American Indien, thite, etc.	
	- 1									WH.	LTE	
LETE	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G/	ve kind of w Do NOT us	vork done during retired.)	g most of wor		CLOTHING		DUSTRY		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) HYMAN RACH	IT TN	171		COLIB			ME (First, Middle, Meiden		CDIII	BENSKY	
BE	19e. INFORMANT'S NAME (Type/Print)	ILIN	196	. MAILING	ADDRESS (Si			Route Number, City or Tow			DLINDIXI	
2	MRS. LESLIE BLUM		T			-	BAI	TIMORE, MI		209	-10	
	20e:METHOD OF DISPOSITION 1		cemetery, cree			W 6/		RE:		City or Town,		
	21. SIGNATURE OF FUNERAL SERVICE LIC		wins	202	SOL		SON 8	BROS., I				
\vdash	76010 REISTERTOWN RD. BALTO., MD 21215											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSCOUENCE OF): Approximats interval Between Onset and Death DUE TO (OR AS A CONSCOUENCE OF):											
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): BRAIN TOMOR DUE TO (OR AS A CONSEQUENCE OF): BRAIN TOMOR DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTI	resulting in desth) LAST	d										
DICAL (PART II. Other significent condition	s contributing to	deeth but not re	eculting i	n tha unde	lying ceuse	given in	PERFOR	MED?	AV	ERE AUTOPSY FINDINGS WILABLE PRIDE TO DMPLETION OF CAUSE	
MED								1 □ YES 2	<u>g-40</u>		DEATN?	
Ä	DID TOBACCO USE (CONTRIBUTE	TO CAUS	E OF				LIE				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1											
РНҮ	27. MANNER OF DEATN	28e. DATE OF	INJURY	28b. TIM	E OF 28	: INJURY AT	Residence	8 U Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ty, Year)	INJ	URY 1	WORK?	□ NO					
8	3 Suicide 8 Could not be determined	28e. PLACE Of building.	F INJURY — At horetc. (Specify)	me, larm, s	street, lactory,	office		281. LOCATION (Street of City or Town, State)	and Numbe	or Rural Rout	e Number,	
COMPLET	29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of my knowledge, dasth occurred at the time, data and place, end due to the cause(e) and manner as stated.											
Ü	296. SIGNATURE AND TITLE OF CERTIFIE	9 /				29c. LI	CENSE NUM	ABER	29d. DAT	TE SIGNED (M	onth, Day, Year)	
TO BE	30, NAME AND ADDRESS OF PERSON WIN	I Ble	LLUA /	MT) °	P	60	647	>	6/20	2/94	
	STANCEY L 7.	BLUM M	D Z			EUTE	RSTO	NUN RID	PI	RESULL	EMPIRE	
	31. DATE FILED (Morith, Day, Year) JUN 2 4 1994	4	R'S SIGNATURE							-		
	001 6 4 1334	afri Dande	" Frederic	-							DHMH-18 Rev 1/89	

F VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PSICAN. The law requires that the doubt certificate he executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	certificant has been signed by the amending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that the State Degr. of Health and Mental Hugeria price to burial, crempation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the douth certificate be executed within	TO THE RANERAL DIRECTOR After this certifican has been signed by the attending athyrician and completely filled in by the filed within 72-board after death with the State Dept. of Health and Mental Hogens prick to burial, counsation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR
	1. DECEDENT'S NAME of the second of the seco
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	3661 FOF
Į	RESIDENCE O
	MARYLANI
	360I FOR
ĺ	11. MARITAL STATU
	1 Never Merried
ĺ	3 XWidowed 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

\neg	1. DECEDENT'S NAME (First, Middle	e (est)						2. DATE OF DEATH			3. TIME OF DEATH
	Toldn	o, casty	51	ina				MONTH D	MY	YEAR,	3. TIME OF DEATH
	ZCIO H		را ل	me				June 2	0 1	994	7.10 A. H
	4_SOCIAL SECURITY NUMBER 216-30-7402	5. SEX X	6. AGE (In yrs. lest	birthday) IF U	NDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		B. BIRTH	PLACE (State or Foreign
		1 M 2 F	00	YRS.	HS DAYS	HOURS	MIN.	6/23/190	7	1770	ryland
	3501" FORDS "LA"	n, give street and number)		9b.	BALTT	OR LOCATI	ON OF DE	ATH	9c. CO	UNTY OF O	EATH
<u>د</u> ا	SOUL FURIS LA	., APT. 624			BALTI	MORE					
운	RESIDENCE OF DECEDE	NT									
ŭ	MARYLAND 10b.	COUNTY		'BALTI	AN OB FOCA	TION				T	10d. INSIDE CITY
뛰	MARILAND		BALTI	MORE						LIMITS?	
5	10a STREET AND NUMBER			Lac	4 710 000	-		I as I am			
BY FUNERAL DIRECTOR	3601 FORDS LA			10	" 2121	5		"USZ	TIZEN OF V	WHAT COUNTRY?	
<u> </u>											
5	11. MARITAL STATUS	12. WAS DECEOEN' FORCES? 1	T EVER IN U.S. ARM	MED				NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No-	14. RACE	— Americen Indian, t, White, etc.
<u>-</u>	1 Never Merried 2 Merrie 3 XWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES	٠		Z □ NO				WHI	
	3 ZZWidowed 4 Divorced		_							MHT	TE
COMPLETED	15. DECEDENT	r'S EDUCATION est grade completed)	16a. DEC	EDENT'S USUA	L OCCUPATI	ON net of working	20	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	HOL	Oo NOT use retir SEWIFE	ed.)	USI OF WORK	79	AT HOM			
<u>a</u>	12		1100	CHAIT				AI non	C.		
Š	17. FATHER'S NAME (First, Middle, L	Last)				18. MOT	HER'S NA	ME (First, Middle Meider	Surname)		
O	MORRIS F	RASHINSKY					ROS	ME (First, Middle, Meider	KL7	AFF	
BE	19e. INFORMANT'S NAME (Type/Pri	-e1		*****							
2	MRS. NANNETTE			808 CH				Route Number, City or Toy			0
							.V.C.	BALTIMORE			
Ш	20a. METHOD OF DISPOSITION 1/A☐ Burlel 2 ☐ Cremetion 3	☐ Ramoval from State	20b. PLACEA	NO DATE OF DIS	POSITION /N		- 1	-1		- City or To	
	4 Donation 5 Other (Special	fy)	BALTI	MORE" H	EBREW	6/2	2/19	94 B	ALTIN	MORE,	MD
- 1	21. SIGNATURE OF TUNERAL SER	VICE VICENSEE			SOLAME A	MR APRIE	SS OF FA	BROS., II	VC.		
- 1	1 (day /)	1/m = 1 1.	5								
\dashv	They I	Mu Du									21215
	23. PART I Enter the disease shock, or heart t	allure. List only one cau	t caused the dea	th. Do not e	nter the me	ode of dy	ing, auci	h ea cardiac or reap	iratory a	rrest,	Approximata Interval Between
- 1	IMMEDIATE CAUSE (Final										Onset and Death
- 1	resulting in death)	. Ator	trc st	enast	5						
		DUE TO	OR AS A COMPEO	HENCE OF			_				
2		CDI	Mar y	A	rto.	1	Di	(Cu(C			
2 ∣	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE OF):		/					1
₹∥	cause. Enter UNDERLYING	J									
Ĕ	CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONSED	UENCE OF):							+
	resulting in death) LAST				•						
CERTIFICATION		0.									
اب	PART II. Other aignificent co									24b.	WERE AUTOPSY FINDINGS
DICAL	Bladder C	arcinome	a wit	hp	Pelvio	- Mu	e test	PERFO			AMILABLE PRIOR TO COMPLETION OF CAUSE
ш								1 1 123	· CXIIIO	- 1	OF OEATH?
Σ	DID TOBACCO U	SE CONTRIBUTE	TO CALIS	F OF DE	ATH V	FS 🗀	NO				1 TYES 2 NO
Z	25. WAS CASE REFERRED TO MED		.0 0,00	- 01 01							
5	EXAMINER?	HOSPITAL:		or	HER:			eck only one)			
2	1 TYES 2 NO	1 🗆 Inpetient 2 🗆		DOA 4	Nursing Hor	no 5 Re	eldence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY ay, Year)	28b. TIME OF INJURY		JURY AT ORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
À	1 Natural 5 Pendir 2 Accident Investi	19				YES 2	NO				
	3 Suicide 8 Could	28e. PLACE O	ne, farm, street,	factory, offic	CO CO		281, LOCATION (Street		er or Rural F	loute Number,	
u	4 Homicide daterm					ļ	City or Town, State)			
COMPLETE	29a. CERTIFIER	a aureious - III III	W. W. S. S.	C. N. O. //				-			
<u> </u>	(Check only	PHYSICIAN: To the best of									
5	2 MEDICAL E	XAMINER: On the beele of ex	camination end/or in	weatigation, in	my opinion,	death occur	red at the	time, date end place, e	nd due to	the ceuse(e) end menner ee stated.
u I	29b. SIGNATURE AND TITLE OF CI					29c, LICI	ENSE NUN	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
ן מ	Hans Miss	man MI)			D	37	1106	•		6/20194
2	30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUS	SE OF OEATH (ITEM	27) (Type, Print)			1		J		-,,/
- 1											
	HENRY M.	EILMAN	MD -			110	r.t.	Phin	P	10	MA 712 10
	HENRY M.	EILMAN,	MD R'S SIQUATURE	DIE	,Un	iver	5, ty	Pkny	Ba	110.	MD 21218

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urs after death. OR ATTENDING PHYSICIAN: HOSPITAL

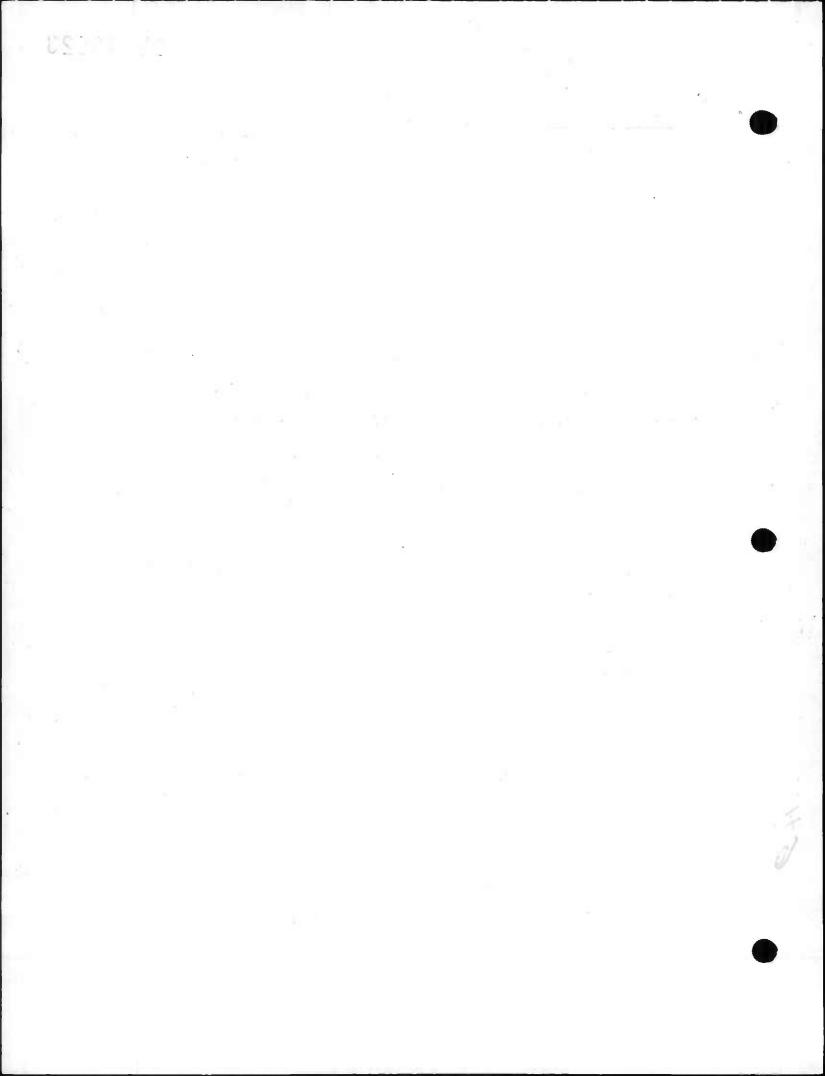
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06/20 4. SOCIAL SECURITY NUMBER 212-03-7779 7. DATE OF BIRTH (Month, Day, Year) 12/19/07 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 XM 2 1 F 86 DAYS permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH DIRECTOR 600 Camelot Drive Belair 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Bel Air Harford FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE for use as the burial-transit 600 Camelot Drive 21015 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? 1X YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 TES 2 NO Specify: В 3 X Widowed 4 Divorced WW COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUICATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) director, page 5 should be detached Salesman ll grade 17. FATHER'S NAME (First, Middle, Last) Harry Schwartz Ħ notified 19a. INFORMANT'S NAME (Type/Print) 2 Harry M. Schwartz 600 Camelot Drive pe 20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must M☐ Burlel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Park 6/21/94 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY the attending physician and completely filled in by the funeral Mental Hygiene prior to burial, cremation, or removal. Johnson Funeral Home Christian 8521 Loch Raven Blvd. medicai IMMEDIATE CAUSE (Finel the disease or condition resulting in death) Acute cornary artery disease traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, OUE TO (OR AS A CONSEQUENCE OF): **ASCVD** CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 6 any injury. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL signed by ti Hypertension COPDhas been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one item certificate h HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF with t 28c. INJURY AT WORK? N/A N/A 1 Natural M After t BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, straet, factory, office building, atc. (Specify) $N \neq A$ 50 3 Suicide 8 Could not be COMPLETED DIRECTOR: hours after N/A 4 Homicide FUNERAL mithin 72 h PORTANT: II

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Sidney Schwartz sidney schwartz 05:45A 8. BIRTHPLACE (State or Foreign USA 9c. COUNTY OF DEATH Harford 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, alc. Specify: White 186. KIND OF BUSINESS/INDUSTRY Clothing 18. MOTHER'S NAME (First, Middle, Malden Surname, Minnie Schwartz 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Belair, MD 21015 20c. LOCATION — City or Town, State Hillendale, 21286 Towson, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **Onset and Death** ! HR 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. (Check only one) MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) amusul M.G.S. Prabhu D.M.E. D21809 06/20/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) G.S. Prabhu 1810 BElair Rd Fallston, Md. 21047 410-879-6564 2. REGISTRAR'S SIGNATURE alia Davolson Rarball

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH YEAR daway 0130 94 QM IF UNDER 1 YEAR JF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign MARYLAND as the bunial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH of Baltimore DIRECTOR 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, 71P CODE 10g. CITIZEN OF WHAT COUNTRY? 303 GLENMORE AVENUE 21228 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Norried 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use (Specify only hi JQ. Elementary/Secondary (0-12) College (1-4 or 5 +) SCHOOL TEACHER ELEMENTARY SCHOOL detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 2 HERBERT GAITHER CORA PICKETT BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT A. SIDAWAY (HUSBAND) 303 GLENMORE AVENUE CATONSVILLE MARYLAND 21228 ours after death. Page 6 may be must be 20e. METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Donetton 5 Other (Specify) funeral director, POPLAR SPRINGS CEMETERY 06/25/94 POPLAR SPRINGS, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES 141 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND n and completely filled in by the to bunial, cremation, or removal. the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart allure. List only one cause on each line. Interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) 3 days DUE TO (OR AS A CONSEQUENCE OF): Bleed traumatic event, death certificate be executed with CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate attending physician ntal Hygiene prior to phor cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atte injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? the MEDICAL AVAILABLE PRIOR TO requires that Metastatic shows any ym shoma COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 TYES 2 T NO рееп DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K PHYSICIAN: Dept. SW 23 this certificate has with the State Dep 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 npetient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 2 Accident 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death w IMPORTANT: If Item 28 is markin 1 YES 2 NO ВҰ Investigation 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JUN 2 4 1994 712. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a flour ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OFFICIAL OF BEATH	FOR STATE	STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
OEITH TOATE OF DEATH	REGISTRAR	RAR CERTIFICATE	OF DEA	TH	REG. NO.

_	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
	RONALD		K THOMAS						UNE 22,	199	4	9:30 A M
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. las	t birthday)	IF UNDER		IF UNDER 24 HRS.		TE OF BIRTH		B. BIRTH	IPLACE (State or Foreign
	199-24-1253	1 📉 M 2 🗆 F	57	YRS.	MONTHS	B DAYS HOURS MIN. (Month, Day, Year) Country)				nsvlvania		
: -1	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN (OR LOCATION OF E		0 3 175		INTY OF D	
Œ	ST. AGNES HOSPI	TAT.					MORE CIT					
13	RESIDENCE OF DECEDENT				DA	T1 T T1	MOKE CII	. 1.				
DIRECTOR	10a. STATE 10b. COUNTY	r		10c, CIT	r, TOWN OF	R LOCAT	TION					10d. INSIDE CITY
뜻	MARYLAND BAI	LTIMORE		C	ATONS	37TT	IP					LIMITS?
3	10s, STREET AND NUMBER	4110143		02	TOMB	7				40. 017		
FUNERAL	O. LO. TAKEN OF WARL COUNTRY?											
빌				_		21228					U.S.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED IO			CENDENT OF HISPA			or No	14. RACE Black	E — American Indian, k, Whita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR			i	YES	2 XNO Spec	ify:	10 1110011, 1101,		Speci	thy:
					<u> </u>							WHITE
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON ost of working		16b. KIND OF BUS	BUSINESS/INDUSTRY		
ΞĮ.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)				CATONSV	ILLE	COM	MUNITY
ᅙ		4 +	ASS	ISTAN	IT PR	OFE	SSOR		C	OLLE	GE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle,							
	WALTER LEE	THOMAS					MART			,		
BE	19a. INFORMANT'S NAME (Type/Print)	THOTELD	1 400			(0)			SLICK			
임							and Number or Rura					
	MARGARET DUFF			:19 E	AST N	MEDV	VICK GAR	TH,	CATONSV	TLLE	MD	. 21228
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rame	oval from State	20b. PLACE	ND DATE	F OISPOSI	TION (Ne	ame of	D	ATE 20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)		GREEN	MOUN	T CR	EMA'	TORY 6-2	8+9	4 BAL	LIMOI	RE. N	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRESS OF F					
1	MOO550 STERLING ASHTON FUNERAL HO											
_	1 aug V	aus			73	36 E	EDMONDSO	N A	E., BAL	TIMO	RE.	MD. 21228
}	23. PART I. Enter the diseases, or of shock, or heart fellure.	complications that c	aused tha de	ath. Do n	ot enter i	the mo	de of dying, au	ch ss c	ardiac or raspli	ratory sr	rest,	Approximate
	IMMEDIATE CAUSE (Final	List billy one codea	Dir vacir ima	527		_						Onset and Death
ı	disease or condition											
	resulting in death)	B. DUE TO (O	AS A CONSEC	DUENCE OF								
_	DUE TO JOR AS A CONSEQUENCE OF:											
6	Sequantially list conditions,	Sequentially list conditions, Due to join as a consequence of										
F	If any, leading to immediata cause, Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury											
声내	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
#	resulting in death) LAST											
	PART II Other significent condition	PART II. Other significent conditions contributing to daeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS										
EDICAL	PART II. Other aguilteen conditions contributing to death out not resulting in the						ia underlying cause givan in Part I.			24a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ᆲᆘ	1 Type 2 X NO								- 1	COMPLETION OF CAUSE OF DEATH?		
M	1 TYES 2 NO											
٤∥	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
흥미	EXAMINER? HOSPITAL: OTHER:											
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2					e 5 Residence	-				
ᅕ		28a. DATE OF IN. (Month, Day,		28b. TIM	URY		URY AT ORK?	28d.	DESCRIBE HOW IP	JURY OC	CURED	
B	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO											
	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, Characteristics)								Poute Number,			
	4 Homicide datarmined City or Town, State)											
	29s. CERTIFIER											
テル	(Check only 1 CERTIFFING PRISCIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend.											
- 11	29b. SIGNATURE AND TITLE OF CERTIFUER 29d. DATE SIGNED (Month, Day, Year)											
Daniel Marine Ma								2/9/				
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Tuna	Print)		20 80	111		7	100	17
	MIECANIS	A A	/ June / .	m ar j (rype,	- h					,		/
	NUESTROOK	0 /	G//F	1 /2	10							
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM CERTIFICA	ENT OF H	EALTH AND DEATH	MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Lest) E'DDIE B. 7	TOMBS		DAY YE						
	4. SOCIAL SECURITY NUMBER 229-30-2721 90. FACILITY NAME (If not institution, give stre	5. SEX 1 [X] M 2 [F] 6. AGE (In)	UNDER 1 YEAR ITHS DAYS CITY, TOWN O	7. DATE OF BIFITH (Month, Day, Year)	C	OF DEATH				
DIRECTOR	St. Agnes Hospital Baltimore									
	Maryland 10b. county			NWN OR LOCATI	re		10d. INSIDE CITY LIMITS? 1 - YES 2 - NO			
FUNERAL	2107 St. Luke			10f. ZIP CODE 10g. CITE 2 1 2 0 7				OF WHAT COUNTRY? USA		
ВУ	11. MARITAL STATUS 1 Nover Married 2XXMarried 3 Widowed 4 Divorced	3. ARMED 2	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14 if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				RACE — American Indian, Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) 1:4 or 5+)	al occupation done during most ired.)	st of working	State Highway Adm.					
BE CO	17. FATHER'S NAME (First, Middle, Last) Eddie B. Tombs	5		ME (First, Middle, Maide Jeffrie						
TO B	19a. INFORMANT'S NAME (Type/Print)	Route Number, City or To								
	Willie Tombs 2107 St. Lukes Lane Baltimore, MD. 21207 20a. METHOD OF DISPOSITION 1K Burlel 2 (*** Cremetion 3 Removal from State 4 Donation S Crimer (Specify) Woodlawn Cemetey 6/25 Baltimore, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy 0. Dyett & Son Funeral Hot 4600 Liberty Heights Avenue 2120									
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, of conshort, or heart failure. Limited the constant of the con	mplications that caused to ist only one cause on each only one cause on each only one cause on each only one of the caused to include the caused the caused to include the caused the caused to include the caused the cause	line.	enter the mod	de of dying, suc	h as cerdlec or res	piratory errest,	Approximate Interval Between Onset and Death		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Discription Completion of Course of Death? Completion of Course of Death?									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 21 NO									
	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJL WOR	ma 5 Residenca 6 Other (Specify) JURY AT ORK? YES 2 NO					
ם	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, stc. (Specify)	Al home, farm, street	t, lactory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									

BALTO MD 21229

YHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WO 900 CA

YVONNE OTTALIANO

31. DATE FILE UN 2 4 1994

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...emetey 6/25 Baltimore, MD

Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights Avenue 21207

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

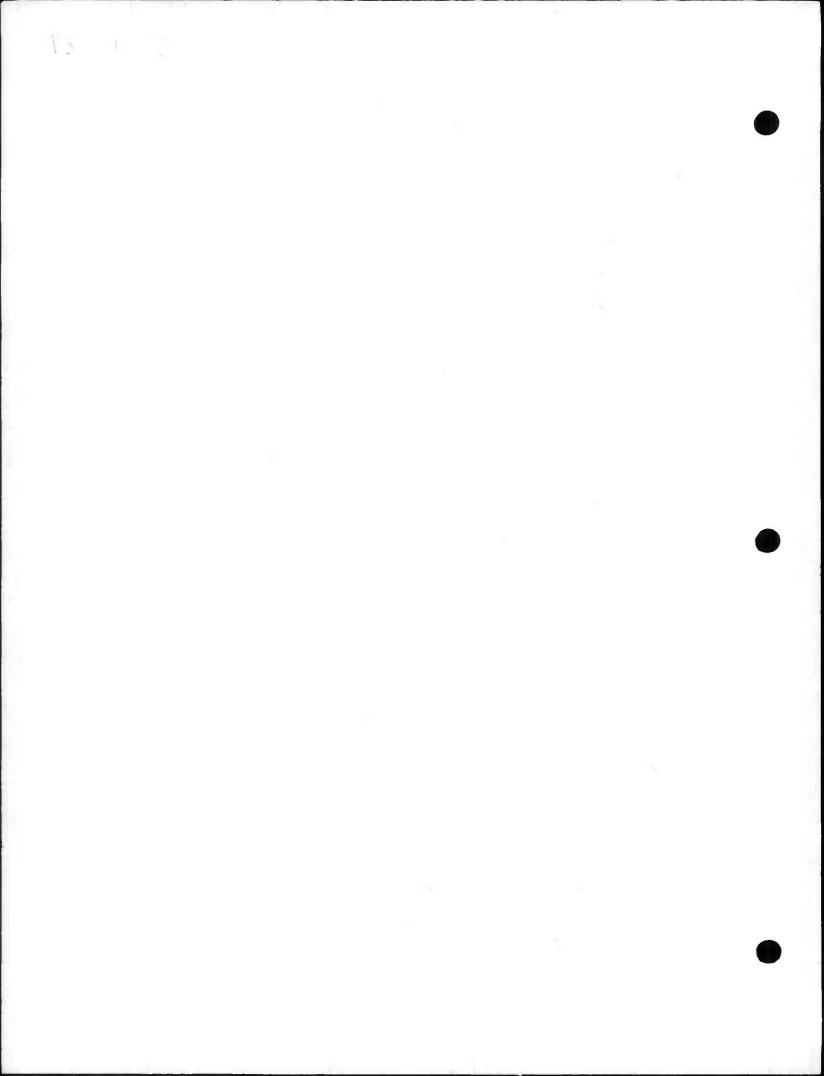
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR TYPE OF DEATH												
		Wilbur	Earl W	ithrow						6 21	AT	94	м
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	234-22-5816	5	1 K M 2 F	72	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day, Year) 9/5/21		Count	
	90. FACILITY NAME (If not in	stitution, give stre	eet and number)	nd number)			, TOWN	OR LOCATI	ON OF DE		9c. COL	INTY OF D	t Virginia
DIRECTOR	Knollwood N		ursing 1	Home		1	Mill	ersv	ille		Ann	e Ar	undel
2	10e. STATE	10b. COUNTY		10c. /				TTY, TOWH OR LOCATION			10d, INSIDE		
8	Maryland	Anne	Arundel		Ra	ltimo	re						LIMITS?
7	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT												
ER/	4915 Brookw	rood Ro	ad					2122!	5		'	U.S	Δ
FUNERAL	11. MARITAL STATUS	Toda Ro	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.				IIC ORIGIN? (Specify Ye	or No-	14. BAC	E — American Indian
	1 Never Merried 200		FORCES? 1	YES 2 AR OR DATES	NO		If yes, sp		ın, Mexice	n, Puerto Rican, atc.)		Spec	k, White, etc.
ВУ	3 Widowed 4 Divo	rced	TATTAT					XX	opeon	,		- Space	White
COMPLETED	15. DEC	EDENT'S EDUCA	ATION	16a. D	ECEDENT'S Give kind of				na	16b. KIND OF BU	SINESS/IN	DUSTRY	
E E	Elementary/Secondary (0	1-12)	College (1-4 or 5	Sid.	e. Do NOT u	se retired.)			-				
MP	8th Grad				arpe	nter				Genera	1 Co	ntra	cting
8	17. FATHER'S NAME (First, Mi									ME (First, Middle, Maiden	Surneme)		
BE	Homer Wi									ha Kelly			
2	190. INFORMANT'S NAME (7)			15						Route Number, City or Tow			
.	Eva Withro			100.000					ourt	, Hanover,	-		
	1 Burial 2 Crematio	n 3 🗆 Remov	val from State	20b. PLACE cemetery, cr	rematory or o	ther place)					CATION —		0.11000
	21. SIGNATURE OF FUNERAL		NSEE	- Lake	v1e	W Men	NAME A	al Pa	SS OF FA	6/24 Syk	esvi	lle,	Maryland
	16/	n.	0		/.					Gonce			
	Som	2/11	many	roush	4	40	001	Ritcl	nie 1	Hgwy, Balt	imor	e, Mo	d 21225
	23. PART I. Enter the di shock, or he	eert fellute le	st only one cer	et coused the duse on each lin	eath. Do	not enter	the mo	de of dy	ing, suc	h aa cardiac or resp	iratory ar	rest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Fin	el	Da	4		Λ		1 .					Onset and Daath
- 1	disease or condition resulting in death) a. Reputation Arrest												
_	Sequentially list conditions, DIE TO (PA AS A CONSEQUENCE OF): Wether the best of the conditions of												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):											/	
₹ I	cause. Enter UNDERLYI	NG											
Ĕ	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):							
E	reaulting in death) LAS	T d.											
	PART II. Other algnifica	nt conditions	contributing to	death but not	resulting	In the ur	derlyin	a cause :	alven in	Part 1. 24s, WAS AN	AIITOPEV	246	. WERE AUTOPSY FINDINGS
MEDICAL							. aony in	9 00000	givoir iii	PERFO	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 _ YES 2	NO I		OF DEATH?
	DID TOBACC	O USE O	ONTRIBUT	F TO CAL	USE O	F DEA	TH	VES C	7 NO				1 YES 2 NO
A	25. WAS CASE REFERRED TO			- 10 0/1						eck only one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE!	1 :						
¥	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. T/A	E OF	28c. IN.	URY AT		28d. DESCRIBE HOW	NJURY OC	CURED	
BY F		Pending Investigation	(Month, E	лау, төшг)	IN	JURY M		YES 2	□ NO				
	2 Culaida	Could not be	26e. PLACE C	OF INJURY - At h	ome, farm,	street, fact	lory, offic	•		281. LOCATION (Street City or Town, State)	end Numbe	or or Rural i	Route Number,
TED	4 Homicide	determined		Tel (opcony)						City or lown, State,	,		
21	29e. CERTIFIER (Check only 1 CERT	IFYING PHYSIC	IAN: To the best of	my knowledge, d	leath occur	red at the t	ime, date	end place	, end due	to the cause(e) end me	nner ee sta	nted.	
COMPLET													e) end menner ee stated.
CO	296. SIGNATURE AND TITLE		07	1	1				ENSE NUI				(Month, Day, Year)
00	(/(und	170	4	Va	- 11	100		220		•	6 2	22 94
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITI	EM 27) (Type	, Print)	V 1 /					<u> </u>	- 1/.
	Ŧ	Paul	2	Kh	od e	5	MI)					
	31. DATE FILED (Month, Day,		1	AR'S SIGNATURE									
	JUN 2	4 1994	Linis	anden-Ra	Musik								
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Thours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIE						
,	1. DECEDENT'S NAME (First, Middle, Last)				D-1/(11)	2. DATE OF DEATH		3.	TIME OF DEAT	гн		
ľ	Nicholas Elw			WALTER June 21					1994 6:50 a M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		8. RISTHPLACE (State or Foreign				
	217-01-5931 9a. FACILITY NAME (If not institution, give		82 YRS.	MONTHS DAYS		Dec. 13,						
ac I	Franklin Squa		1		OR LOCATION OF D	EATH		ITY OF DEAT				
DIRECTOR	RESIDENCE OF DECEDENT	Te nospica.	<u> </u>	KO.	STITLE		Balt	imore	Count	У		
<u> </u>	10e. STATE 10b. COUNT		10c. Cf	TY, TOWN OR LO			-	10	d. INSIDE CITY	,		
5	Md.	Baltimore			Ess	sex		1	LIMITS?	NO		
A I	10e. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZ		AT COUNTRY?			
	1215 Bayside	Road			212	221		USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify	fes or No-	14. RACE —	American India	en,		
BY F	1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1 YES			specify Cuban, Maxic ES 2 🔣 NO Speci	an, Puarto Rican, etc.)		Specify:	Vhite, atc.			
8									Whit	e		
ш	15. DECEOENT'S EDU (Specify only highest grade		(Give kind of	work done during	TION most of working	16b. KIND OF B	USINESS/INOL	USTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT							- 1		
COMPLET	10+h 17. FATHER'S NAME (First, Middle, Last)		Betn	Steel								
- 11						AME (First, Middle, Maid						
H H	John W. Wa 19a. INFORMANT'S NAME (Type/Print)	lter	T 401- 14411 III	0 1 D 0 D 0 0 0 0		nie M. J						
2	Sharon Hohn					et Balti			21224	- 1		
	20a, METHOD OF DISPOSITION	201	. PLACE AND DATE				LOCATION — C		Pteto			
	1 Donation 8 Other (Specify)	noval from State Carr	petery, crematory or	other place!	tery 6/2	1	Balti			- 1		
	21. SIGNATURE OF FUNERAL SERVICE LI		AR LAW		AND ADDRESS OF FA		Darer	MOLC	110 •			
	DR T.	(0)	110	Co	nnelly I	Funeral	HOme	of E	ssex			
-	23. PART i. Enter the diseases, or	Lonne	XXV	3	00 Mace	Ave. Ba	1timo	re M				
- 4	shock, or heart failure.	only one cause on e	ach line.	not enter the r	node of dying, aud	ch as cerdiac or res	piretory erre	et,	Approxim			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Congetture Heart Facilities Due to (PR AS A CONSEQUENCE OF): Congetture Heart Facilities Due to (PR AS A CONSEQUENCE OF):											
H	resulting in death)	S. COME TO GRAS	CONSEQUENCE	not for	ilene				-			
.	_	(200	(Que Charles & March & Consequence Of):							- 1		
0	Sequentially list conditions, if any, leeding to immediate	OUE TO (OR AS A	CONSEQUENCE	OF):	ene	2			1			
Z I	cause. Enter UNDERLYING	c.										
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):								
CERTIFICATION	resulting in death) LAST	d							1			
- 11	PART il. Other significent condition	ns contributing to death b	out not resulting	In the underly	ing causa given in	Part I. 24a, WAS	AN AUTOPSY	24h. W	ERE AUTOPSY FI	INDINGS		
SAL		Dishot		1.4.		PERF	ORMED?	AM	MILABLE PRIOR	TO		
MEDIC	Chroni	24 5 5	1-1	mayo.		1 TYES	2 NO	OF	F DEATH?			
	0.44	U-05 Clarine	my	dien				''	YES 2 I	NO		
Ž	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one)				-		
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:		8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI	ME OF 28c.	NJURY AT	28d. DESCRIBE HOV	V INJURY OCC	URED				
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			YES 2 NO					- 1		
- 41	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	- At home, term,	atreet, factory, o	fica	281. LOCATION (Stree City or Town, Sta	et and Number	or Rural Roul	te Number,			
COMPLETED	4 Homicide determined		//			ony or rown, ora	10)					
Z	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occur	red at the time, d	ita and place, and du	a to the cause(s) and n	nanner aa atate	id.				
5	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	n and/or investigat	lon, in my opinior	death occured at the	e time, data and placa,	and dua to the	p CRUBe(S) 81	nd manner as s	tated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .			29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	forith, Day, Year)			
2 2	DH, Sher	6ourne	m	D	D134	101	D 6	1/21	194			
=	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAUSE OF OE	ATH (ITEM 27) (7)		7	. ~		1				
	9101 Fran	while sq.	Drive		ZaHo	my	2/2	-3>				
	31. DATE FILED (Month, Day, Year)	4 R	ATURE									
	JUN 64 1334	7 market										
									COLINA ALL A	6 Day 1/90		

GS 1) 1.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARY	CERTIFI	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last	DATE OF DEATH	Y	3. TIME	TIME OF DEATH						
		VACO					21 9	74 -	540 P		
	4. SOCIAL SECURITY NUMBER 218092734	1 🗆 M 2 🗹 F	(In yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	Month, Day, Year)		BIRTHPLACE (Country)			
TOR	Mercy Hospi RESIDENCE OF DECEDENT	street and number)		BA /	more		Sc. COUNTY	OF DEATH	7		
DIRECTOR	MARYLAND 300. COUN	thmore.	10c. CITY	, TOWN OR LOCAT	Baltim	ore		Lan	SIDE CITY WITS? ES 2 NO		
FUNERAL	3702 Howard P	ark Avenue	101	1. ZIP CODE 2120		10g. CITIZEI	USA	UNTRY?			
E COMPLETED BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 YNO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. 1					ricen Indien, etc.		
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) lary/Secondary (0-12) College (1-4 or 5 +)			ON osl of working	16b. KIND OF BUSIN	NESS/INOUS		- CA		
	12 17. FATHER'S NAME (First, Middle, Last)		Sal	les Cle	rk	Departm		Store	2		
	Jesse M	cDaniel			16. MOTHER'S NAME (F	Flora					
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
1	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place) 20c. LOCATION — City or Town, State										
	4 Donation 8 Other (Specify)	21. SIGNATURE OF EUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY									
18	Cremation Society of Md., Inc.										
1.5	George E. MacNabb 299 Frederick Road Balto 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or reepiretory arrest,										
			~	1299	ation Soc Frederick	iety of	Balt.	O M			
	23. PART I. Enter the diseases, or	complications that cause on List only one cause on	eech line. Acrost	299 oot enter the mo	ation Soc Frederick	iety of	Balt.	O M	D 212 pproximate iterval Betw		
7	23. PART I. Enter the diseases, or ehock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition	complications that cause on List only one cause on	ad the death. Do no eech line. ACCONSEQUENCE OF	299 oot enter the mo	ation Soc Frederick	iety of	Balt.	O M I, A In O	D 212 pproximate iterval Betw inset and D		
ERTIFICATION	23. PART I. Enter the diseases, or ehock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition	a. CACAIAL OUE TO (OR AS DUE TO (OR AS	eech line. Acrost	299 oot enter the mo	ation Soc Frederick	iety of	Balt.	O M I, A In O	pproximate atterval Betwinset and D		
CAL CERTIFI	23. PART I. Enter the diseases, or ehock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentiely list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CACAIAL OUE TO (OR AS D. DUE TO (OR AS D. DUE TO (OR AS	A CONSEQUENCE OF	299 oot enter the mo	ation Soc Frederick ode of dying, auch ea	i. 24a. WAS AN AN AN PERFORM	Balt brory arread	A In O	D 212 pproximate terval Between and D mm + A		
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PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or ehock, or heart fellure important to the condition resulting in death) Sequentielty list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions.	a. CA A A CONTROL TO COMPLETO (OR AS DUE TO	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not reculting in	26. PIOTHER:	ation Soc Frederick Ade of dying, such ea g ceuse given in Part LACE OF DEATH (Check one 5 - Residence 8 -	i. 24a. WAS AN AN PERFORM 1 YES 2 P	Balt bitory arread	24b. WERE A AWAILAB COMPLE OF OCA 1 YE	pproximate terval Between Betw		
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or ehock, or heart fellure importance of the condition resulting in death) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions in the condition of the con	a. CATAIA L OUE TO (OR AS b. PANCACA DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not reculting in	26. PI OTHER: 4 G PI OTHER: 4	ation Soc Frederick Ade of dying, auch ea g ceuse given in Part LACE OF DEATH (Check one 5 Rasidenca 8 JURY AT JORK? YES 2 NO	i. 24a. WAS AN AI PERFORM 1 YES 2 P	UTOPSY EED?	24b. WERE A AMAILA OF OBA 1 □ YE	D 21 pproximate terval Between and D		
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or ehock, or heart fellure in the disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the condition of the condit of the condition of the condition of the condition of the condi	CAPAIAL OUE TO (OR AS B. PANCACA DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not reculting in typstlent 3 DOA 28b. TIME INJ. RY — At home, farm, stephy)	26. Pl OTHER: 4 Nursing Hom EOF MR 26. Pl OTHER: 1 Cl OTHER: 4 Nursing Hom EOF MR 27 Cl OTHER: 4 Nursing Hom EOF MR 28c. IN. WC 1 Cl OTHER: MR 20c. IN. WC 1 Cl OTHER: MR 20c. III. WC 1 Cl OTHER: MR 20	ation Soc Frederick Ade of dying, auch ea g ceuse given in Part LACE OF DEATH (Check one 5 Residence 6 JURY AT ORK? YES 2 NO a and place, and due to the death occured at the time.	LICATION (Street and City or Yown, State)	Balt story arread to the color of the color	24b. WERE A AMALAS COMPLE OF OCA 1 YE	D 21's pproximate iterwal Between and D months and D months and D months are also and D		
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or ehock, or heart fellure important to the control of the contr	CAPAIAL OUE TO (OR AS B. PANCACA DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF But not resulting in A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF But not resulting in A CONSEQUENCE OF A CONS	26. PI OTHER: 4 GF VALUERY M 28c. IN. WC I Contract, tactory, office at the time, detain, in my opinion, of the contract of th	g ceuse given in Part LACE OF DEATH (Check one 5 Residence 8 JURY AT 286 PKS 2 NO 281 a and place, and due to the death occured at the time. 29c. LICENSE NUMBER Constant of the constant of t	i. 24a. WAS AN AN AN PERFORM 1 YES 2 J Other (Specify) DESCRIBE HOW INJ LOCATION (Street and City or Yown, State) The cause(s) and manned data and place, and	UTOPSY JURY OCCUP IN O Mumber or a stated, due to the c 29d, DATE S	24b. WERE A AMAILAR COMPLE OF OEA 1 YE	D 21 pproximat iterval Bet inset and I munt from i		

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	1	6	

	1. DECEDENT'S NAME (FI	rst, Middle, Last)	1		CERTIF				2. DATE	REG. NO.		YEAR 3.	TIME OF OEATH
	Augusta V	. Wil	lem .	-							1994	TEAR	3:45 a. M
- 1	4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 Y	AYS HOU	NDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year) 1.90		8. BIRTHPL Country)	ACE (State or Foreign
	213-46-210		1 M 2 X F	81	87 YRS.	MONTHS (A	N/S HOU	MIN.	Jan	. 8, 1	913	Mary	land
_	9e. FACILITY NAME (# no	t institution, give	street end number)			9b. CITY, TO	WN OR LO	CATION OF O	EATH		9c. COUN	TY OF DEA	гн
5	Johns Hopk	cins Ba	yview Me	dical (Ctr.	Balt	imore					_	
DIRECTOR	10e. STATE	10b. COUNT	ΓY		10c. CIT	Y, TOWN OR I	OCATION					10	DI. INSIDE CITY
E I	Maryland				R	altimo	ro						LIMITS? YES 2 NO
	10e. STREET AND NUMBE	ER				altimo	101. ZIP	CODE			10g. CITIZ		AT COUNTRY?
UNERAL	3910 Elmon	a Aven	ue				212	213			U.S.	Α.	
3	11. MARITAL STATUS		12. WAS DECEDE				DECENDE	NT OF HISPA		N? (Specify Yes		14. RACE	American Indian,
BY F	1 Never Merried 2 3 Wildowed 4 D	☐ YES 2 ☐ NO If yes, specify Cuben, Mext NAR OR DATES 1 ☐ YES 2 ☒ NO Specific Cuben, Mext							Specify:	White			
8		ECEDENT'S EDI		164	DECEDENT'S	USUAL OCCU	PATION		166	. KIND OF BUS	SINESS/IND	USTRY	***************************************
	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)				(Give kind of life. Do NOT u	work done duri	ng most of w	rorking					
를	N/A		N/A		Homem	aker	O ⁻		Own Home				
COMPL	17. FATHER'S NAME (First, Middle, Lest)						16. 1	OTHER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	William Borkman Bertha Rex												
6	19e. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS (S	reet end Nu	mber or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
	Brian Will		n)					ad, A	pt.	H, Bal			
	20e. METHOD OF OISPOS 1 ☑ Burlel 2 ☐ Crema	illon 3 🗆 Rer	noval from State	cemeter	ACE AND DATE	ther place)			DAT	The state of the s	CATION — C	100	
	4 Donetion 5 Ott		ICENSEE	_ Gar	dens o			netery		28 Ba	ltimo	re, M	laryland
	NO.0 -	1.10	Λ	2/1						1 Home	s, In	c.	
	3331 Brehms Lane, Baltimore, Md. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, Approximate												
N	iMMEDIATE CAUSE (I disease or condition resulting in death)	Final	a. AC	OX CO	,	erh	thm.	year	2				interval Batween Oneet and Daeth 33 hrs
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other signifi	cant conditio	ns contributing to	o death but r	not resulting	in the unde	rlying cau	se given in	Part i.	24s. WAS AN			ERE AUTOPSY FINDINGS
IN: MEDICAL										PERFOR		0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HQSPITAL:			OTHER:	26. PLACE	OF DEATH (C	reck only o	ne)			
PHYSI	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpatie		4 - Nursing	Home 5	Residence	6 🗆 Oth	er (Specify)			
I	27. MANNER OF DEATH	Pandina	26e. DATE O (Month,	F INJURY Day, Year)	26b. TIR	JURY	WORK?		26d. DE	SCRIBE HOW I	NJURY OCC	URED	
0	1 Natural 5 Pending (worth, bay, real) 2 Accident Investigation						YES	2 NO					
ВУ Р	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, streel, lectory building, etc. (Specify)						Office			CATION (Street of or Town, Stelle)		or Hural Hou	te Number,
TED BY	3 Suicide 6			29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ea stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ea state									
OMPLETED BY	3 Suicide 4 Hemicide 29e. CERTIFIER (Check only	datermined	SICIAN: To the best of										nd manner se stated.
E COMPLETED BY	3 Suicide 4 Hemicide 29e. CERTIFIER (Check only	datermined ERTIFYING PHYSEOICAL EXAMIN	SICIAN: To the best of				ion, death o		Ilme, date		nd due lo the	o ceuse(e) e	nd manner ee stated.
BE COMPLETED BY	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 M 29b. SIGNATURE AND TIT	ERTIFYING PHYSEOICAL EXAMINATE OF CERTIFIE	SICIAN: To the best of IER: On the basic of	an notanimaxe	d/or investigati	on, in my opin	ion, death o	occured at Iho	Ilme, date		nd due lo the	o ceuse(e) e	
E COMPLETED BY	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 Miles	ERTIFYING PHYSEOICAL EXAMINATE OF CERTIFIE	SICIAN: To the best of IER: On the basic of	an notanimaxe	d/or investigati	on, in my opin	ion, death o	occured at Iho	Ilme, date		nd due lo the	o ceuse(e) e	

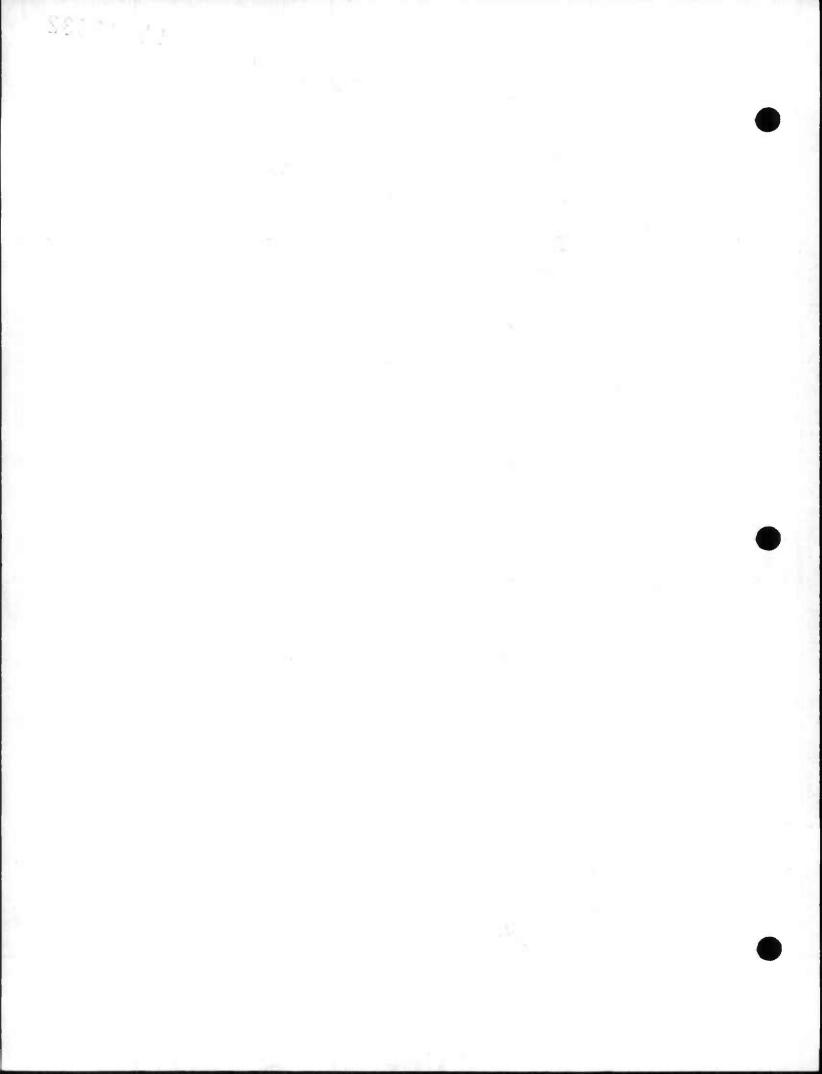
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OR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	BEG NO

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIEI		
		1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
			OMMIE WILLIAMS		06- 23		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Buntry)
ping		248-10-1702 9a. FACILITY NAME (If not institution, give str	A	TOWN OR LOCATION OF D	07-29-15	9c. COUNTY	south Carolina
1, 2, 3 should	СТОВ	St. Joseph	Hospital P	altimo	×2	Bo	Jh.
	DIREC	10a. STATE 10b. COUNTY	No data TOWN O	H HOCATION	2.		10d. INSIDE CITY LIMITS? 1 SYES 2 NO
020 physician. burial-transit permit. Pages	FUNERAL	100, STREET AND NUMBER	Selvedere Ava	101. ZIP CODE 2/2	39	10g. CITIZEN	OF WHAT COUNTRY?
5-0020 nding physician as the burlal-trar	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? TYPES 2 NO	MAS DECENDENT OF HISPAI f yes, specify Cuban, Maxico I YES 2 NO Specif	en, Puerto Ricen, etc.))21	RACE — American Indian, Black, Whita, atc. Specify Black
	0	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16a. DECEDENT'S USUAL O		16b. KIND OF B	USINESS/INDUSTI	
21 21 20 u	COMPLET	Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+) Glive kind of work done life. Do NOT use retired.)	Der rator	In	dust	rial
2 5 8 E	BE CO	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA Es the	ME (First, Middle, Majde	iam-	2
be retained t ge 5 should	70	190. INFORMANT'S NAME (Type/Pript)	11 ams 1912 E	Be Urde		wn, Signe, Zip Cook	4 4
HORE e 6 may rector, pa		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata 20b. PLACE AND DATE OF DISPOS	rest UA	6-27 E	OCATION A- City of	or Toyrn, Stata
SALTI r death. P e funeral al. examin		21. SIGNATURE OF FUNERAL SERVICE LICE	Dougan	NAME AND ADDRESS OF ALL OUGLASS F	Culloh	Serv	ice
in by remo		23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that caused the death. Do not enter ist only one cause on each line.	tha moda of dying, suc	th as cardiac or res	piratory arrest,	Approximate Interval Between
tely fille mation, t, the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	-Atherrosclero	tic CAVE	DIOVAS	cular	Onset and Death
68760 secuted withing nd completely burial, cremat atic event,			DUE TO (OR AS A CONSEQUENCE OF):				
execu and o bur	O	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	*			
Phy phy	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa	DUE TO (OR AS A CONSEQUENCE OF):	in Dise	ASE		
O = 5 - 5	ERTI	resulting in death) LAST					
Se e e e	LC	PART II. Other significant conditions	contributing to death but not resulting in the ur	derlying cause givan in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
ORI that the ed by th and any is	SCA				PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECOR requires that been signed by of Health an shows any	MEDIC						1 YES 2 NO
5 - = -			CONTRIBUTE TO CAUSE OF DEA	TH YES NO	D X		
는 학 등 등	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: OTHER	26. PLACE OF DEATH (C)	neck only one)		
F VIT. SICIAN: The certificate of the State	ΙΥS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nur 28a. DATE OF INJURY 28b. TIME OF	sing Home 5 - Residence 26c. INJURY AT			
O 문 등 등	2.00	1 Natural 5 Pending	(Month, Day, Year) INJURY	WORK?	28d, DEŞCRIBE HOW	INJURY OCCURE	
0 0 0 0	TED BY	Accident Investigation Suicide 6 Could not be determined	28a. PLACE OF INJURY — At home, term, street, fact building, stc. (Specify)		261. LOCATION (Stree City or Town, State	t and Number or Ri e)	ural Route Number,
DIVISION OR ATTEN DIRECTOR: hours after Item 28 is		29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, death occurred at the t	less data and alone and dou-	to the country and a		
₹ ¥ ₽ =	COMPLE		: On the basis of examination and/or investigation, in my				use(a) and manner as stated.
e Hospi e Funer d within		29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			NED (Month, Day, Year)
TO THE HOSPI TO THE FUNER be filed within	D BE	1. Jen	e i mm	D29	770	16/8	23/96
J " =	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	W. 881	TAN E	NAMI	CO000
•		JUN 2 4 1994	32. REGISTRAR'S SIGNATURE		N. T.		

		4. SUCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 t YEAR	A IF
		220-14-1562	1 DM 2 DF	6369	YRS.	MONTHS	DAY	8 HO
pino		9a. FACILITY NAME (If not institution, give s	treet and number)	0 1		9b. CITY	r. TOW	N OR L
8. F8	E		n Hospita	1				
1, 2,	<u>8</u>	RESIDENCE OF DECEDENT	II HOSPICA	1		Dd	161	mor
15-0020 ending physician. as the burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LO	CATION
- <u>=</u>		Maryland			F	Balt	imo	re
E	FUNERAL	10a. STREET AND NUMBER						10f. ZIP
n. ansrt	监	3023 Glenmore A	venue					2
Siciar Sidal-tra	5	11. MARITAL STATUS	12. WAS DECEDENT					DECEND
902 P 2 3	ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		U			specify ES 2 5
55-(anding as th								
r afte	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE:	CEDENT'S ve kind of v Do NOT us	Work done	during	most of
22.	"	Elemantery/Secondary (0-12)	College (1-4 or 5 +) /////////////////////////////////////	Cutt			
NE hosp	N	ST STATES IN A STATE AND A STA			Cuci	Lei		_
LA the det		17. FATHER'S NAME (First, Middle, Last) John Vlakos						16.
PR PS	BE							
MARYLAND 21215-0020 retained by the hospital or attending physician 5 should be detached for use as the burial-trannotfilled at once.	ဂ္ဂ	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING			
E age	'	Mrs. Alice M. Rol	rer		3023			ore
DRI imay ior, p		20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rame	oval from Stata	20b. PLACE A cemetery, crea	matory or q	OF DISPOS ther place)	SITION	(Name o
M direct	H	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	SENERE AA . I	Greek 0				
BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physiced in by the funeral director, page 5 should be detached for use as the burial or remoal. medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LIC	Mark Mark	T. Zavo	yna	22.		nar
SAI r dea al.		Maile 1.	Jaray Me				530	
ath on one		23. PART i. Enter the diseases, or ahock, or heart fallure.	omplications that	caused the de	eth. Do r			
hour led ir		IMMEDIATE CAUSE (Final	ciat only one caus	se on each line	ı			
ely fille sation,		disease or condition resulting in death)	CEPC	375.				
O. BOX 68760 entificate be executed within -s. hours in physician and completely filled in righere prior to burial, cremation, or re other traumatic event, the med	l	readiting in death)	DUE TO	OR AS A CONSEC	DUENCE OF	F):		
cuted cort of	z		MINC	e CAT	VCF	RI	P	1
X 6 e exect to by	은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	NUENCE OF	F):	-	
SO mite be prior prior train	8	cause. Enter UNDERLYING CAUSE (Disease or injury	с M7.					
beath certificate be eath desired physician retail Hygiene prior to ry, or other traunty,	트	that initieted eventa	DUE TO	OR AS A CONSEC	UENCE O	F):		
P. C		reaulting in death) LAST	d					
S, deal the att	2	PART ii. Other eignificant condition	a contributing to	death but not a		Im About and		
A the and by the	NA	COP)	a continuating to	deeth but not n	sauring :	in the ui	nderiy	ring ca
es th		0070						
L RECORDS, P.O. E law requires that the death certifica as been signed by the attending phypene or health and Mental Hygiene 23 shows any injury, or other	M	CHU.						
2 Se se of C	CIAN: MEDICAL CERTIFICATION	25 499 0105 255555						
		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		. PLACE
icians the S	PHYS	1 VES 2 NO	1 Inpatient 2			4 🗌 Nu	rsing H	
OF VIT, PHYSICIAN: Th this certificate with the State ked, or item		27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, Da		26b. TIM INJ	IE OF IURY	1	INJURY WORK?
ON OI DING PHYS After this death with	BY	2 Accident Investigation	40 0 100 00			M		YES
VISIC NTENDI CTOR: A after d		3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE Of building,	F INJURY — At hor etc. (Specify)	me, term, s	street, fac	tory, o	Hice
DIVISION OF VIOLAN OR ATTENDING PHYSICIAN DIRECTOR: After this certific hours after death with the S is marked, or it	6							
DIV AL OR A AL DIREC Z hours If Item	립		CIAN: To the best of	my knowledge, de	eth occum	ed at the	time, d	eta and
HOSPITAL FUNERAL within 72 TANT: II	COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or i	nvestigatio	on, In my	opinion	n, death
THE HOSPITAL THE FUNERAL filed within 72 I	ш	296. SIGNATURE AND TITLE OF CERTIFIES	3 0					29
TO THE HOSPI TO THE FUNER De filed within	00	14 AD SAT	SA. >	1.1).				7
0=	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITER	4 27) (Type,	Print)	_	
		#ADS SAKA,	1D. 1	1601	10	CH	1	A
		31. DATE FILED AND SON YOUR ON	State County	R'S SIGNATURE	1.11	~		

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	10 10				2. DATE OF DEATH		3. TIME OF DI	АТН	
	JENNJE	XENA	Kis			MONTH DA	7 199	Py 11:16	Ам	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State of	-	
	220-14-1562	1 🗆 M 2 🗗 63 🧲	YRS. MO	NTHS DAYS	HOURS MIN.	July 17.		country) Pennsylvania	, I	
	9a. FACILITY NAME (If not institution, give str	eet and number)	98	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY			
5	The Good Samaritar	1 Hospital		Baltim	ore					
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY									
				OWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER		Ba	ltimore	ZIP CODE		1 ☑ YES 2 ☐ NO			
FUNEHAL	3023 Glenmore Av	/onuo		1.00	21214					
Ž	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes		ed States		
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	It yes, spe		n, Puarto Rican, atc.)	0	RACE — American in Black, White, atc. Specify:	ALIEN,	
6	3 Wildowed 4 Divorced				Z X NO GROW			Whi	te	
3	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	JAL OCCUPATIO	N st of working	16b. KIND OF BU	SINESS/INDUST	TRY		
COMPLE	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)		0.1				
Σ	/		Cutte	r		Cloth				
- 1	17. FATHER'S NAME (First, Middle, Last) John Vlakos					ME (First, Middle, Maiden				
N N	19a, INFORMANT'S NAME (Type/Print)				Ange:					
2	The state of the s	1909				Route Number, City or Tow				
	Mrs. Alice M. Roh				re Avenue					
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremetory, Cremetory, Cremetory, Cremetory, Cremetory or other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. Name and address of Facility									
	Marle T.	SHOW I. 2	.avoyna	Leon	ard J. R	uck, Inc.				
4	110	7007/12	William III	5305	Harford	Road ba	ltimor			
	23. PART i. Enter the diseeses, or co shock, or heart fallure.	int only one cause on each	the deeth. Do not th line.	enter the mo	de of dying, suci	h as cardiec or reapi	ratory arrest		mate Between	
	IMMEDIATE CAUSE (Final disease or condition	000071						Onset a	nd Death	
H	reaulting in death) e	DUE TO COR AS A	ONSEQUENCE OF):					40	Jays	
,		111N/C 6	An IOGE	104	11000	R LOB	\sim	11.	on	
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	111	UTTE	1 -00	T.	119	ucc	
3	cause. Enter UNDERLYING CAUSE (Disease or injury	M7.						/		
EHILICATION	that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):							
5	reaulting in death) LAST									
2	PART ii. Other eignificant conditions	contributing to deeth bu	t not reaulting in t	he underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPS	FINDINGS	
5	COPD			,		PERFOR		AVAILABLE PRICOMPLETION O	OT RO	
	CAD.					1 _ YES 2	. NO	OF DEATH?		
2						-		1 🗌 YE\$ 2 [] NO	
CAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack only one)				
2		HOSPITAL: 1 Impatient 2 ER/Outpat		THER:	5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJ		26d. DESCRIBE HOW I	NJURY OCCUR	ED		
	1 Metural 5 Pending 2 Accident Investigation	Linester, early, routy			ES 2 NO					
5	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specifi	At home, term, street	et, factory, office		261, LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,		
	4 Homicide detarmined									
	29s. CERTIFIER (Check only 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
5	one) 2 MEDICAL EXAMINER	R: On the basis of axamination	and/or investigation, i	n my opinion, d	eath occured at the	time, data and place, an	d due to the co	euse(a) and manner a	a stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	ABER	29d. DATE SI	GNED (Month, Day-ye	er)	
	MHDA SAL	H, MI)	•		1080	73.	1 6	122/4!	Z.	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	3.1	210	21.15	21		2132	
ļ	THE STIBIT,	10, 100	11 CO(HK	HVEN	BLVD.	DATE	10, MD	2125	
	31. DATE FILEDUNIN 284 Year 1994	FILLY OF RUTELION	Karlell							

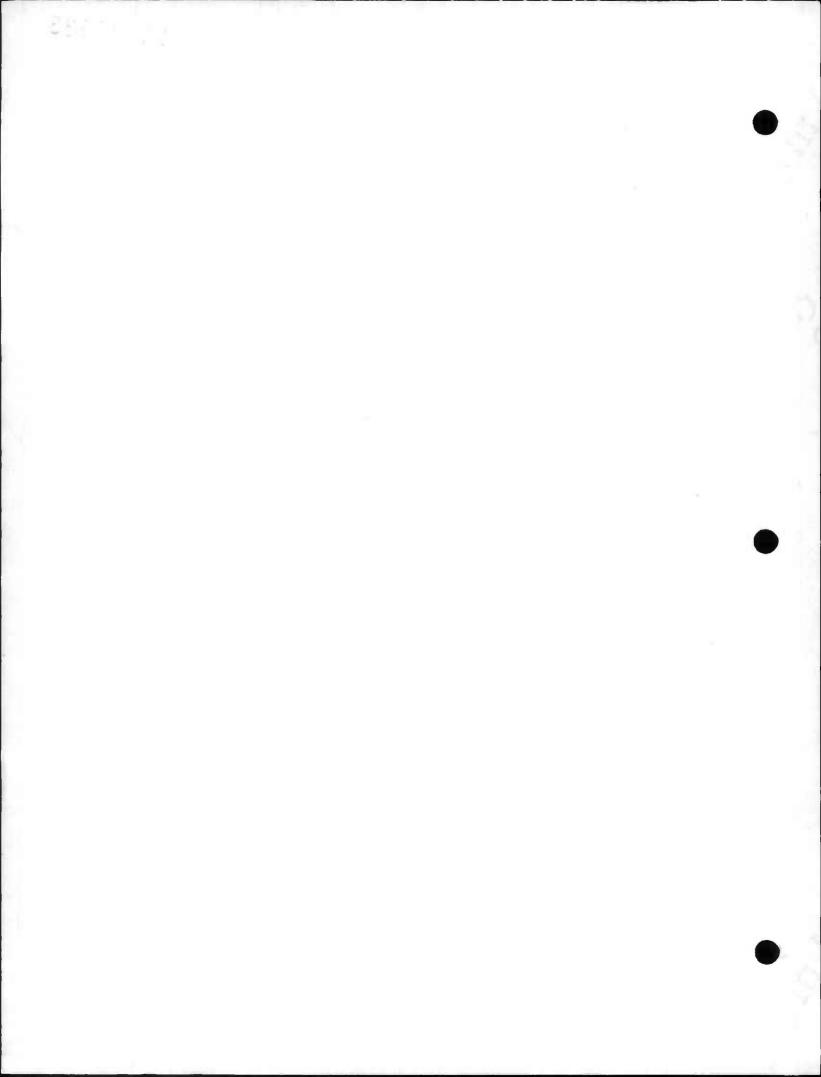


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE OF MA			MENT OF H	EALTH AND I	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		WEAR	3. TIME OF DEATH	٦
	Johanna	ZELI	LINGER			June		199	YEAR	6:40 a	M.
		B. AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		8. BIRTH Count	PLACE (State or Foreign	\neg
- 1	217-09-4739 ¹□м²⊊f	74	YRS.				th, Day, Year)	L920	Ma	ryland	
m	9a. FACILITY NAME (If not institution, give street and number)		.9		R LOCATION OF DE			9c. COU	NTY OF D	EATH	
5	Franklin Square Hos	pital		l l	Rossvil	те		Balt	imor	e County	4
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT						10d. INSIDE CITY	\dashv
BY FUNERAL DIRECTOR	Md. Baltimore		Essex							LIMITS? 1 YES 2 NO	ĺ
AL	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			٦
빌	309 Maple Ave.				21221				US.	A	
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	EVER IN U.S. AR	MED		ENDENT OF HISPAR			or No-	14. RACI	E — American Indian, k, White, etc.	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 25 NO Specify:								Spec		
	15. DECEDENT'S EDUCATION	16a. DE	CEDENT'S US	UAL OCCUPATION	DN .	168	b. KIND OF BUS	INESS/INC	USTRY	WIIICC	\dashv
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(G.	ive kind of wor Do NOT use i	k done during mo	st of working						-1
린	8th		H	omemal	cer						-1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				-		\neg
BE	George Wunder				MArga						
2	190. INFORMANT'S NAME (Typos/Print) Thomas Zellinger	191	MAILING A	DDRESS (Street a	nd Number or Rural 7e. Bal	Aoute Num	ober, City or Town	n, State, Zip	Code)	1	
	20s. METHOD OF DISPOSITION		_			-					4
	1 Stephen 2 Commatton 3 Removal from State 4 Donatton 5 Other (Specify)	cemetery, cre	metory or othe	DISPOSITION (No	me of	2.7 /	0 / D =	CATION — 1 + i m	City or To	wn, Stata M.d.	-
	1 Surial 2 Cremation 3 Removal from State Cemetery, Cremationy or other place Oak LAWN Cemetery 6/2/7/94 Baltimore More Cemetery Cem							riu .	\dashv		
	R Tall (0	10.		Conne	elly Fu	ner	al HO	ne o	f E	ssex	-
	23. PART I. Enter the diseases, or complications that	Caused the de	ath On not	<u> 300</u>	Mace A	ve.	Balt:	imor	e M	d. 21221	_
	shock, Dr heart failure. List only Dna caus	e on-wach ilna		antai tra mo	ua or uying, suc	AT ME COT	GIAC DI TEADI	ratory art	reat,	Approximate interval Between	
	disease pr condition									Onset and Dest	in
	a. Acute Meningitis DUE TO (OR AS A CONSEQUENCE OF):								-	\dashv	
Z	Samuel Market 1 and 1 an										1
E	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										\exists
2	CAUSE (Disease or injury	OR AS A CONSEC	DIENCE OF								_
CERTIFICATION	that initiated events reaulting in death) LAST	THE RESERVE	JOENOE OF J.							į	-
	0.										╛
N.	PART II. Other significant conditions contributing to d	laeth but not r	esuiting in	tha underlyin	g ceusa given in	Part i.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	8
ă							1 TYES 2	X NO		OF DEATH?	
×										1 TES 2 NO	-
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Ch	ank anti-a					4
SICI	EXAMINER? 1 ☐ YES 2 ☑ NO HOSPITAL: 1 ☑ Inpetient 2 ☐	ER/Outgetlant 3	□ 004 A	THER:	e 5 🗆 Residence	•					┨
Ä	27. MANNER OF DEATH 26a. DATE OF II	NJURY	26b. TIME	OF 28c. INJ	URY AT	Y	SCRIBE HOW II	NJURY OC	CURED		\dashv
ВУР	1 Netural 5 Pending (Month, Day 2 Accident Investigation	(, YB&r)	INJUF		RK? /ES 2 NO						-
	3 Suicide 8 Could not be 28s. PLACE OF	INJURY — At ho	me, ferm, str	et, factory, offic		281. LOC	CATION (Street a	nd Number	or Rural I	Route Number,	
	4 Homicide determined										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of n										٦
Š	one) 2 MEDICAL EXAMINER: On the baels of axa	mination and/or	investigation,	In my opinion, d	eath occured at the	time, date	and place, an	d due to th	ne couse(s	and menner ee stated.	1
BE (296. SIGNATURE AND TITLE OF CERTIFIER TOUR MALITY	Pay	111		29c. LICENSE NUI			29d. DAT	E SIGNED	(Month, Day, Year)	٦
0			-		(51	8			6/	23/54.	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE							_			
	Tabbsum Malik, M.D. 9000 31. DATE FILED (Month, Day, Ybar) 32. REGISTRAS	Frank1	ın Squ	are Dr	ive Ba	⊥tim	ore, M	d	2123	37	4
	JUN 2 4 1994 Fristenice	ar Richel	15								1
		المناسب المساهد								DHMH-16 Rev 1	/90



	1. DECEDENT'S NAME (First, Middle, Le ALECK			DNCHI.C	CK		2. DATE OF DEATH MONTH DU SUNE 24	1994	Later Control	
	4. SOCIAL SECURITY NUMBER 220-22-264/	5. SEX	6. AGE (In yrs. last		ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. Bill Co	RTHPLACE (State untry)	
	9a. FACILITY NAME (If not institution, gi		Op .	All in	b. CITY, TOWN	OR LOCATION OF O	2-14-28 REATH	9c. COUNTY OF	nulana Ferth	
CTOR	5111 McFaul	L Road			Rose	dale.		60.00	Baltimo	
EC	RESIDENCE OF DECEDENT			10c, CITY, 1	TOWN OR LOCA				10d. INSIDE	
DIRE	MD B	Baltimore			_	edale		LIMITS		
AL	10e. STREET AND NUMBER		1-11-11		10	f. ZIP CODE		10g. CITIZEN O	F WHAT COUNT	
FUNERAL	5111 McFaul					21206		U	S. A.	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced		T EVER IN U.S. ARM YES 2 NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:					
OED.	15. DECEDENT'S I	EDUCATION rade completed)	(Giv	e kind of won	SUAL OCCUPATI the done during me	ON ost of working	16b, KIND OF BU	SINESS/INOUSTR	Y	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+	·) life. (Do NOT use r			, C,	, 5		
COMPL	17. FATHER'S NAME (First, Middle, Last)			Jea	inten	18. MOTHER'S NA	Det. AME (First, Middle, Melden	h Stee	4	
ш	Ignat Androne	chick				Ann	-			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	OORESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code))	
TO B	Eleanone Andro	nchick		5/1/	McFaul	Road B	altimore. I	10 2120	26	
	20a METHOD OF DISPOSITION 5 Burlal 2 Cremation 3 F	Removal from State	cemetery crem	natory or other	DISPOSITION (No. place)			CATION — City of	r Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE A	- Meado	wnidg	e Como	HORES OF F	-27-94 Ba	ltimone,	MD	
	Melboras	h Coa	ch		CV.	ACH/ROSE 1211 CH	DALE FUNER ESACO AVEN	IE. 212	37	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due TO (or As A CONSEQUENCE OF): b. Authoroclaratic Vascular Vascular Valuate b. Authoroclaratic Vascular Valuate b. Authoroclaratic Vascular Valuate control or respiratory arrest, interval Batwon Onset and Do Onset									
	disease or condition	a. CC DUE TO	OR AS A CONSECU	UENCE OF):	A	Maga	en D	1000		
ERTIFICATION	disease or condition	b. CON OUE TO	(OR AS A CONSEON	CAS- UENCE OF):	fir ,	Vascu	la Di	slast		
L CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO	(OR AS A CONSEO	UENCE OF):				AUTOPSY MED?	24b, WERE AUTOI AMAILABLE F COMPLETION OF DEATH?	
MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	(OR AS A CONSEO	UENCE OF):			n Part I. 24s. WAS AN	AUTOPSY MED?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH?	
CIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. OUE TO C. OUE TO d	(OR AS A CONSEO	UENCE OF):	the underlyin		Part I. 24s. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOP AMALABLE P COMPLETE	
CIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO d. tlons contributing to	(OR AS A CONSEO	UENCE OF):	the underlyin 26. P	ig cause given ir	Part I. 24s. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOR AMILABLE P COMPLETION OF DEATH?	
PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICA EXAMINER?	b. OUE TO c. OUE TO d	(OR AS A CONSEOUTOR AS A CONSE	UENCE OF):	26. POTHER: Nursing Hor	ig cause given ir	1 Part i. 24e. WAS AN PERFOI	AUTOPSY 3MED?	249. WERE AUTOR AMPLABLE P COMPLETION OF DEATH? 1 YES 2	
ED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending	b. OUE TO c. OUE TO d tions contributing to L HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Division) ba 28e. PLACE Of building,	(OR AS A CONSEOUTOR AS A CONSE	UENCE OF):	26. P THER: Nursing Hor OFF W M 1	LACE OF DEATH (C	1 Part i. 24e. WAS AN PERFOR 1 YES 2 heck only one)	AUTOPSY RMED?	24b. WERE AUTO AMAILABLE F COMPLETIO OF DEATH? 1 YES	
ETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition	c. OUE TO d	(OR AS A CONSEOL (OR AS A CON	UENCE OF): UENCE	26. POTHER: Nursing Hor NY M 1 sel, factory, office at the time, date	Ig cause given in LACE OF DEATH (C) me 5	1 Part I. 24a. WAS AN PERFORM 1 YES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	AUTOPSY RMED?	249. WERE AUTO AMAILABLE P COMPLETION OF DEATH? 1 YES :	
ED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition	b. OUE TO C. OUE TO d	(OR AS A CONSEOL (OR AS A CON	UENCE OF): UENCE	26. POTHER: Nursing Hor NY M 1 sel, factory, office at the time, date	Ig cause given in LACE OF DEATH (C) me 5	heck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) e to the cause(a) and mail	NJURY OCCURED and Number or Rui	249. WERE AUTO AMAILABLE P COMPLETION OF DEATH? 1 YES :	

31. DATE FILED (Month, Day, Year)

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

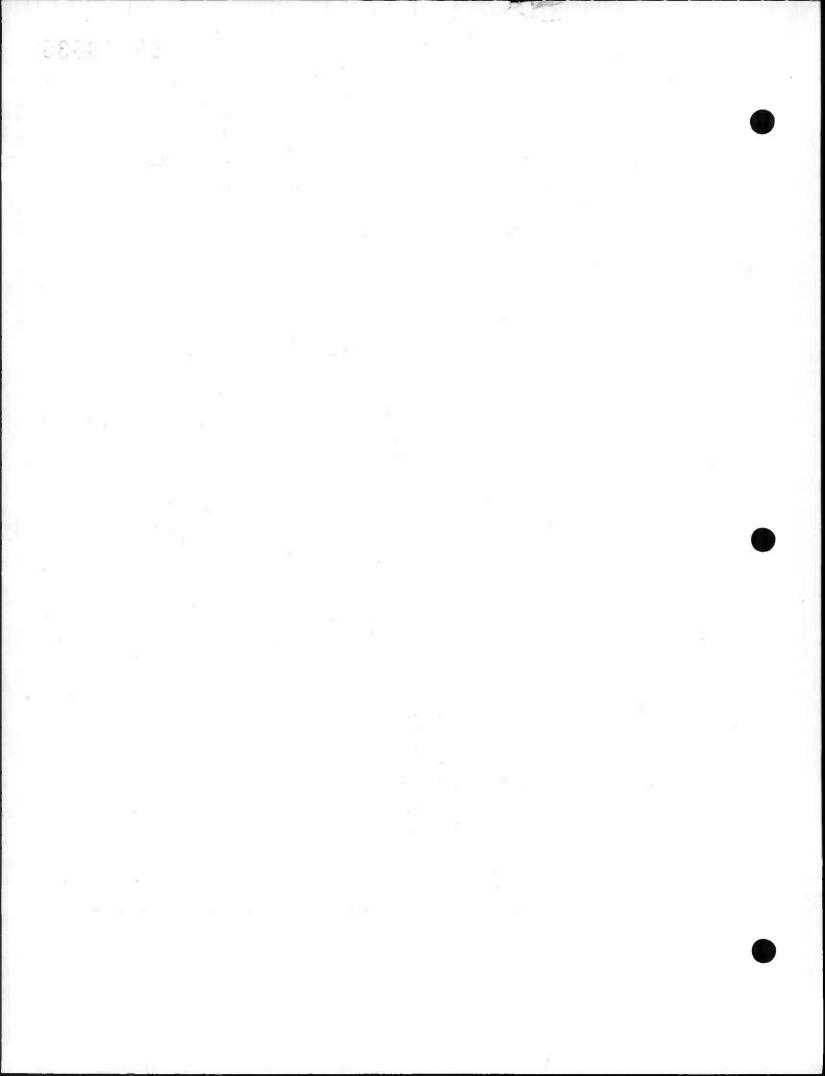
1. DECEDENT'S NAME (First, Middle, Lest)

GLORIA Marie Alistin

		1. DECEDENT'S NAME (First, Middle, L		3110	m Tar					2. DATE OF D	EATH BAY 21	1994	3. TIME OF DEA	
		GLORIA M. 4. SOCIAL SECURITY NUMBER	arie 5. sex	AUS										рм
			1 M 27 F	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF B	Year)	Coun	HPLACE (State or F try)	oreign
pinous		218-28-2568 Sa. FACILITY NAME (If not institution, g			5 YRS.	at out	TOMBI	OR LOCATI	ON OF BE	May 15			ryland	
2,3	DIRECTOR	JOHNS HOPKI	NS HOSPIT	AL				MORE		EAIH	90.	COUNTY OF I	DEATH	
020 physician. burial-transit permit. Pages 1,	E E	10a. STATE 10b. CO			10c, CI1	ry, town o	OR LOCA	TION					10d. INSIDE CIT	γ
r.	PR	Maryland				Balt:	imor	'e					LIMITS?	NO NO
Decil	A	10e. STREET AND NUMBER						I. ZIP COD	E		100	. CITIZEN OF	WHAT COUNTRY?	
in. ansit	FUNERAL	1314 North Pote	omac Stree	t				21:	213			USA		
20 Ysicia urial-ti	FU	11. MARITAL STATUS 1 Never Married 2 Married		YES 2	ARMED					NIC ORIGIN? (Sp in, Puerto Rican			E — American Ind ck, Whita, atc.	llen,
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	D BY	3 🔯 Widowed 4 🗌 Divorced		MAR OR DATES		1 VES 2 NO Specify: Specify			Blaxk					
121 r affe	TEI	15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	16s.	Give kind of life. Do NOT u	work done	CCUPATI during m	ON ost of working	ng	16b. KINI	OF BUSINES	S/INDUSTRY		
o pital o	COMPLETED	Grade School	College (1-4 or 5	+)		Cook					Restaui	rant		
AND the hospita detached	OM	17. FATHER'S NAME (First, Middle, Last				COOK		18. MOTI	HER'S NA	ME (First, Middle				
# 2 5 E	BE C													
MARN retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	3 ADDRESS	S (Street	and Number	r or Rural i	Route Number, C	ity or Town, Sta	te, Zip Code)		
AE, No ay be re page 5		Joyce Austin			4734		_		reet			, Mary		229
FOF me ector,		20a METHOD OF DISPOSITION 1 \(\) Buriel 2 \(\) Cremation 3 \(\) 4 \(\) Donation 5 \(\) Other (Specify)	Ramoval from Stata		crematory or tus Me					6/25		more (County,	MD
death. Pag tuneral di		21. SIGNATURE OF FUNERAL SERVIC	LICENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY Nut	ter Fu	meral.	Homes,	Inc
BALT! Ins after death. Particularly to the funeral unit removal.		Herber	t 8. m	utte	щ	E	3a1.t	imore	e, Ma	Falls Paryland	2121	.6		
with Jours with Jours cremation, or re-		23. PART I. Enter the diseases, shock, or heart felli IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Arteri	use on each I	rotic	c Ca							Approxin interval E Onset an	Between
P.O. BOX 6: Th certificate be exected of physician and thyglene prior to but or other traumati	CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
IDS, F the death by the after of Mental	- 11	PART II. Other eignificant cond	tions contributing to	deeth but no	ot reculting	in the ur	nderlylr	ng cause i	given in	Part I. 24a.	WAS AN AUTO		b. WERE AUTOPSY	FINDINGS
ECORDS, quires that the de n signed by the a I Health and Ment	MEDICAL	2									PERFORMED		AMILABLE PRIOR	
RECOR requires that been signed by of Health an shows any	ME										NOUIF		OF DEATH?	NO
- G	AN	DID TOBACCO US		E TO CA	USE OF	DEAT						`		
	SICIAN:	EXAMINER?	HOSPITAL:	T SER (Outlook) - ut	2 🗆 🗆	OTHE	R:			eck only one)	1			
II 교 등 등 T	PHYS	27. MANNER OF DEATH	1 ☐ Inpetient 2X 28a. DATE Of (Month, I	FINJURY	26b. TII		28c. IN	JURY AT	esidence	8 Other (Spe 28d. DESCRIE		Y OCCURED		
ON OF DING PHYS After this of death with	BY	1 Natural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no	on 28e. PLACE (OF INJURY — At		М	1 🗆	YES 2	NO NO	28f. LOCATION	N (Street and N	umber or Rurel	Route Number,	
DIVISION OF ATTENDING I MRECTOR: After Mountain death tem 28 is man	ETED	4 Homicide 8 Could not datermine	De building	, atc. (Specify)			,,			City or Tox	vn, State)		Those Horizon,	
/	COMPL	one) 2 MEDICAL EXA	HYSICIAN: To the best of a										(a) and manner as	stated.
TO THE WIELD BE THAN WITHIN THE	BE (296. SIGNATURE AND TITLE OF CERT		ute 190				29c. LICI	ENSE NUI	MBER	290	. DATE SIGNE	D (Month, Day, Year)
M PPSE	0	30. NAME AND ADDRESS OF PERSON			TEM OF /T	a Daleri		0.	C.M	LE.		22 3	JUNE 19	94
. 7		Dennis Chute	e M.D.	1	11 Pe		Str	eet,	, Ва	ltimo	re, M	aryla	and 212	201
		31. DATE FILED (Month, Day, Year) JUN 2 7 1994	32. REGISTR	AR'S SIGNATUR	L									

ci.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		ENTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last) RUSSELL W.	ADDOLD	TD			2. DATE OF DEATH DOWNTH DOWNTH	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	,	JR .	IF UNDER 1 YEAR		JUNE 25	1994	12:14A
	235-78-0017	1 € M 2 □ F 4.		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) March 3	,1949°	NRTHPLACE (State or Foreign ountry) Md.
CTOR	9a. FACILITY NAME (if not institution, give a MARYLAND SHOOT	,			OR LOCATION OF DEA		9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY .	10c CI	TY, TOWN OR LOCA	TION			10d, INSIDE CITY
DIRE		fferson		rrero				LIMITS?
	10e. STREET AND NUMBER			10	H. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
ER/	1520 Allo St.	•			70072		U.S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes, s	CENDENT OF HISPANIC pecify Cuban, Maxican, S 2 X NO Specify:		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
١٥	15. DECEDENT'S EDU	Vietnam	164 DECEDENT'S	B USUAL OCCUPATI	011	Tark KIND OF BUI		
ETE	(Specify only highest grade		(Give kind of life. Do NOT u	work done during me	ost of working	16b. KIND OF BU	SINESS/INDUST	нү
7	11	College (1-4 or 5+)	const	ruction	ı		steel	
once.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Malden	Surname)	
711	Russell W. Ap	pold, Sr.			Norma	Mueller		
TO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Ro			
De no	Larry K. Appol		1240	2 St. I	Paul Rd.			, Md. 217
must b	20a. METHOD OF DISPOSITION 1. Burial 2 Cremetion 3 Ran	noval from State CE	b. PLACE AND DATE				CATION — City	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Camp Hi			-28-94	Paw P	aw, WV
examiner	21. SIGNATURE OF PUNERAL SERVICE LI	GENSEE			the Fune		2	
	Harry W.	Hawht		Box	195 Sy	kesville	e, Md.	21784
event, the medical	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Mult	A CONSEQUENCE O	/mj	YIC2	as cordec or reep	matory arreat,	Approximate Interval Bette Onset and E
or other traumatic	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	с.	A CONSEQUENCE (
injury, AL CE	PART II. Other algnificent condition	ns contributing to death	but not resulting	In the underlyin	na ceuse aiven in P	Pert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FIND
any inju						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CALL
ME	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES I NO	T TYPES	, and	DF DEATH?
n 23	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Chec	ck only one)		
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	tpetient 3 1 DOA	OTHER:	ne 5 🗆 Realdence 6	Other (Specify)		
= 1 3"	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		ME OF 28c. IN	JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCURE	
PHY		1 1 4 10	4 31		YES 2 NO	Subject	in moto	archicle al
- T	1 Natural 5 Pending 2 Resident Investigation	6/24/9		street fectory offic	cn /l	281. LOCATION (Street		ural Route Number,
BY	2 Aceident Investigation 3 Suicide 8 Could not be	280 PLACE OF INHIE	ecify)	/		City or Town, State		1 - 022
BY	2 Resident Investigation 3 Suicide 8 Could not be detarmined	280, PLACE OF INJUR		/		1 1 1-1 1	95 and	Conte 83
If Item 28 is mark IPLETED BY	2 President 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	280, PLACE OF INJUR	wiedga, death occur	hay	e and place, and due t	o the cause(a) and me	95 and	
If Item 28 is mark IPLETED BY	2 President 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	28e. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my knor IER: On the beals of axaminati	wiedga, death occur	hay	a and place, and due to death occured at the to 29c. LICENSE NUM	o the cause(s) and me ime, data and place, and BER	nner as stated.	
PORTANT: If Item 28 is mark BE COMPLETED BY	2 President 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	28e, PLACE OF INJUR building, etc. (Sp. SICIAN: To the best of my knowers.) SICIAN: To the best of axaminetter. CER: On the basis of axaminetter.	wiedga, death occur ion and/or investigati	thray med at the time, dat lon, in my opinion,	a and place, and due t	o the cause(s) and me ime, data and place, and BER	nner sa stated. nd due to the ca	use(a) and manner as stat
COMPLETED BY	2	28e, PLACE OF INJUR building, etc. (Sp. SICIAN: To the best of my knowers.) SICIAN: To the best of axaminetter. CER: On the basis of axaminetter.	wiedga, death occur ion and/or investigati	red at the time, dat ion, in my opinion,	a and place, and due to death occured at the to 29c. LICENSE NUM!	Cuterstate 6 o the cause(a) and me ime, deta and place, as BER E.	nner as stated. nd due to the ca	use(a) and manner as state
PORTANT: If Item 28 is mark BE COMPLETED BY	2 Proceedings Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WI	28e, PLACE OF INJUR building, etc. (Sp. SICIAN: To the best of my knowers.) SICIAN: To the best of axaminetter. CER: On the basis of axaminetter.	wledge, death occur ion and/or investigati	red at the time, dat ion, in my opinion,	a and place, and due to death occured at the to 29c. LICENSE NUM!	Cuterstate 6 o the cause(a) and me ime, deta and place, as BER E.	nner as stated. nd due to the ca	use(a) and manner as state SNED (Month, Day, Year) E 25, 1994



DHMH-16 Rev 1/89

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BAL IIMORE, MARYLAND 21215-00	attending	
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NDN	hospital	
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Σ	Page	
ALI	death.	
n	after	
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00,0	with	
7X 68/60,	be executed within mours after death. Page 6 may be retained by the hospital or attending pl	
	90	

	1 - FOR REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEAL		ITAL HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)			2. [ATE OF OEATH		3. TIME OF DEATH			
	Pauline H.	BRIGHT		-	UN 20	1994	7:05%			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)			ATE OF BIRTH Month, Day, Year)		HRTNPLACE (State or Foreign country)			
	100011	1 M 2 M F YRS.	MONTHS DAYS HOU		1 ELSIN	702 r	IEW YORK			
~	9s. FACILITY NAME (If not institution, give stre	et and number)	96. CITY, TOWN OR LO		1	9c. COUNTY	OF OEATH			
CTOR	RESIDENCE OF DECEDENT	1 KOAO	limon	ijum		BALT	inore			
DIRE	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	LIARYLAND BALT	inore	limphium 10							
FUNERAL	100. STREET AND NUMBER	0	10f. ZIP			10g. CITIZEN	OF WHAT COUNTRY?			
¥	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	12 WAS DECEMBE	81093 ENT OF NISPANIC OF	20110 10 - 4 4	U	· 2.H.			
	1 Never Married 2 Married	FORCES? 1 YES 2 NO		Cuben, Mexican, Pu			RACE — American Indian, Black, While, alc.			
B	3 Widowed 4 □ Divorced	IF 1ES, GIVE TIME ON DAIES	NO Specify:			Specify				
	15. DECEDENT'S EDUCA (Specify only highest grade of		USUAL OCCUPATION work done during most of v	working	16b. KINO OF BUSI	NESS/INDUST	RY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	se retired.)	working						
COMPLET	8782.	HT	Hous							
	17. FATHER'S NAME (First, Middle, Last)	V050-000	18.	MOTNER'S NAME (F	irst, Middle, Maiden S	iurname)				
BE	19a. INFORMANT'S NAME (Type/Print)	KASPERAN	ADDRESS (Over 1 and 1)	HOOA	SKUE	11.5	2100			
2	TOUG A. RO	1. VT 23.23	ADDRESS (Street and Nu	. 0	Number, City or Town	, State, Zip Cod	~ 000			
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION (Name of	AON COA	DATE 20c. LOC	ATION - CITY	or Town, Slata			
	124 Buriel 2 Cremation 3 Removed 1 Donation 6 Other (Specify)	cemetery, crematory or o		MITERY	233	WK:II	Osis Voek			
	21. SIGNATURE OF FUNERAL SETVICE LICE			ORESS OF FACILITY	1 / 6	2101	1, 1870 101/1			
	120 13	· A	EVANS	CHAPIL	SE CHIL	123				
	23. PART I. Entar the diseases, or co	mplications that caused the death. Do r	not enter the mode of	d dving, auch aa	cardiac or reapir	atory arrest	Approximate			
	ahock, or haart failura. Li IMMEDIATE CAUSE (Final	at only one cause on each line.	1			,,	Interval Bety Onset and D			
	MMEDIATE CAUSE (Final disease or condition resulting in death) a. Country Arrey becase Not ke									
- 1	resulting in death) P a.	DUE TO (OR AS A CONSEQUENCE OF								
Z	Segmentally list and distance b.									
CATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF	F):							
2	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF	m.							
RTIFI	that initiated events resulting in death) LAST	DOE TO (ON AS A CONSECUENCE OF	rj.							
CE	d.									
NA.	PART II. Other aignificant conditions	contributing to death but not resulting	in the underlying cau	use givan in Part	i. 24a. WAS AN A PERFORI	1500	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO			
EDIC/					1 - YES 2	NO NO	OF DEATH?			
M	DID TORACCO USE C	ONTRIBUTE TO CAUSE OF	DEATH VEC	E NO 6			1 TYES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL	ONIKIBUTE TO CAUSE OF			X		NA			
YSICI	EXAMINER?	HOSPITAL:	OTHER:	OF DEATN (Check or						
¥	27. MANNER OF CEATH	26a. DATE OF INJURY 26b. TIM	4 Nursing Nome 5	AT # V / 28d	Other (Specify) DESCRIBE HOW IN	JURY OCCURE	FD.			
Y PH	1 Natural 5 Pending		WORK?	Mon						
D BY	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJURY — Al home, ferm,	street, factory, office	281.	LOCATION (Street at	nd Number or R	lural Route Number,			
<u> </u>	4 Nomicide determined	building, atc. (Specify)			City or Town, State)					
드	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledge, death occurre	ed at the lime, date end a	place, and due to th	e cause(s) and men	per ea stated.	-			
COMPL		On the beals of examination and/or investigation					use(a) and manner se state			
S E	296. SIGNATURE AND TITLE OF CERTIFIER	-		LICENSE NUMBER			SNED (Mpnth, Day, Year)			
0	× lectesh)	fr		1/575	8	16/-	22/94			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATN (ITEM 27) (Type	. Print)				111-			
	OR KICHARO J	- GROSS 50 St	OA TTO	An Ro	ADI Carl	relled	Md 2103			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE				0				
	JUN 2 7 1994	Julia Davidour Bent as								

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3	fter	#	8	100
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	100	D.	6	Ē
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buinal, cremation, or removal.	IMPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ex-
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sician.	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
attending phys	use as the buri		
ned within 24 nours are beam. Fage 6 may be retained by the hospital or attending ph	detached for t		once
retained by	5 should be		notified a
age to may be	director, page		er must be
arter death. P	by the funeral	тола!.	ical examin
DIN 24 HOURS	tely filled in I	mation, or re-	if, the med
executed will	n and comple	to burial, cre	imatic even
the law requires that the beam certificate be executed	nding physicia	ate Dept. of Health and Mental Hygiene prior to burial, cremation	em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
nat the beath	d by the atter	and Mental	ny injury, 6
aw requires t	s been signer	ept. of Health	3 shows a
- De	ite ha	ate De	em 2

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF HEAD		MENTAL HYGIENE REG. NO.					
	1, DECEDENT'S NAME (First, Middle, Last) AGNES	Р.	HAT	(MATDE LEY Bu	N NAME)	2. DATE OF DEATH DAY	YEAR 1994	3. TIME OF DEATH 6:40 P.M			
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.			INDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign			
		1□ M 2y□ F 68	MO		JRS MIN.	1-21-1926	Count	ŽLAND			
α	50. FACILITY NAME (If not institution, give s BON SECOURS HOSPI	ACCOUNT OF THE PARTY OF THE PAR	91	b. CITY, TOWN OR LO			9c. COUNTY OF E	EATH			
20	RESIDENCE OF DECEDENT			BALTIM	JRE CI.						
DIRECTOR	100. STATE 100. COUNTY MARYLAND	1	10c. CITY, T	BALTIM	OPE CI	rv		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER			101. ZIP			10g. CITIZEN OF				
FUNERAL	2403 EDMONDSON AV				21223		USA.				
B≺	11. MARITAL STATUS 1 Never Married 2 Norried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	ARMED NO		NT OF HISPAN Cuben, Mexicas NO Specify	r No — 14. RAC Blac Spec BLA	E — Americen Indian, k, White, atc.				
TED	15. OECEDENT'S EDU (Specify only highest grade	CATION 16a.	(Give kind of work	UAL OCCUPATION done during most of	working	16b. KIND OF BUSIN	ESS/INDUSTRY				
COMPLETED	11th GRADE	College (1-4 or 5+)	ine. Do NOT use re			OWN H	OME				
COM	17. FATHER'S NAME (First, Middle, Last)			18.		ME (First, Middle, Melden Su					
BE	JAMES	BUTLER			CECELI.			VENSON			
2		190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2214 PENROSE AVENUE, BALTIMORE, MD. 21223									
	20a METHOD OF DISPOSITION 1 XBurtel 2 Cremetion 3 Rem	ovat from State 20b. PLA	CEAND DATE OF C	DISPOSITION (Name of			TION — City or Te				
	4 Donation 5 Other (Specify)		UTUS CEN	TETERY 1 22. NAME AND AS	ODRESS OF FAC	6-28-94 ARBU	TUS, MA	RYLAND			
	· (Wand	-D.B	~)	JOSEPH	H. BRO	WN JR. FUNE	RAL HOM	E, P.A. E, MD.21223			
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) resulting in death) PANCREATIC CANCER DUE TO (OR AS A CONSEQUENCE OF):										
ËRT	resulting in dasth) LAST	d									
MEDICAL	PART II. Other significant condition					PERFORM 1 YES 2	ED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO C	AUGE OI		OF DEATH (Che						
PHYSICIAN:	EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER: Nursing Home 5	☐ Realdence	8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 12 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 28c. INJURY WORK?		28d. DESCRIBE HOW INJ	URY OCCURED				
品	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, stre	et, factory, office		281. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,			
COMPLET	000)	CIAN: To the best of my knowledge R: On the basis of examination and						s) end manner se stated.			
TO BE (296. SIGNATURE AND TITLE OF CERTAGES	alud h	w		D29	18ER :	► 6.2	(Month, Day, Year) -Y -9 4			
	30. NAME AND ADDRESS OF PERSON WH R. KRISH VA 31. DATE FILED (Month, Day, Year)	N, MS 82	1 N.1	EV7 Au) 57:	# 305	SALTIM	WRE 21201			
	JUN 2 7 1994	Julia Davidson	-gandell								



DIVISION OF VITAL RECORDS. P.O. BOX 68760

	1. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER	A. B.	YERS			MON	2	DAY 9	YEAR 4	TIME OF DEATH	
	214-20-0779	5. SEX 6.	AGE (In yrs. last birthday) YRS.	MONTHS DAYS			e OF BIRTH		Country)	CAROT TOTAL	
	Sa. FACILITY NAME (If not institution, give	street end number)	0 -	9b. CITY, TOW	N OR LOCATION OF	DEATH	11		Y OF DEAT	CAROLINA	
OR	ST. AGNES HOSPITAL BALTIMORE CITY										
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND	тү	10c, Cf	TY, TOWN OR LO	CATION LTIMORE	DRE CITY 10d. INSIDE LIMITS?					
ERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT CO 21229 USA.										
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 THO	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, stc.) 1 □ YES 2 NO Specify: Specify:						American Indian, hite, atc.	
ETED	18. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		S USUAL OCCUPA work done during use retired.)	ne during most of working							
COMPL			HO	USEKEEP	ER		HOWAR) J(OHNSO	NS	
_	17. FATHER'S NAME (First, Middle, Last)	two			16. MOTHER'S						
BE	THOMAS 19a. INFORMANT'S NAME (Type/Print)	AMOS	19b MAILIN	G ADDRESS (Street	MELIN			KING	ade)		
5	AVALEE EVANS & SARA M	NATR									
	AVALEE EVANS & SARA MENATR 717 EDGEWOOD, BALTIMORE, MARYLAND 21229 20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of WESTERN STAR LOUDIN FARK CEMETERY 6-29-94 BALTIMORE, MARYLAND										
	22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21:										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	eused tha death. Do on aech lina.	SHO	cK		Approximate Interval Batwe Onset and Date 24 h				
CATION	Sequentially list conditions, if any, leading to immediate	LRINAR	TRAC	T INF	ECTION	, 19	IELON	oet Hr	2171.	48h	
RTIFI	cause. Enter UNDERLYING	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d									
ш	CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSEQUENCE	OF):							
MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the management of the ma	d	ath but not resulting	In the underly	ing cause given i	n Part I.		PAMED?	AM CC OF	AILABLE PRIOR TO	
MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition is chemical conditional cond	d. one contributing to de HEART THEM AT	ath but not resulting	in the underly →S €	ring cause given i		PERFO	PAMED?	AM CC OF	ARABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
SICIAN: MEDICAL CE	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition is checked to the mile of th	d	ath but not resulting DISET OSUS	on the underly	PLACE OF DEATH (i	Check only	PERF(1 YES	PAMED?	AM CC OF	ARABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the recent of the new periods by the hospital or attending p	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the to	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		L HYGIENE REG. NO.							
	1. DECEMENT'S NAME (First, Middle, Last)	R Bueges		2. DATE	OF DEATH DAY OF DAY OF DAY							
	4. SOCIAL SECURITY NUMBER 319-46-9621 9e. FACILITY NAME (If not institution, give s	. / /	YRS. MONTHS DAYS	Mon	of Birth th, Day, Year)	country) md.						
BY FUNERAL	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. STREET AND NUMBER 20 7 A AHDO 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 FI IF YES, GIVE WAR OR DATES	13. WAS DEC	ZIP CODE 7 / 2 97 ENDENT OF HISPANIC ORIGINATE CORIGINATION OF Specify:	10d. INSIB UMIT 1 YES DDE 10g. CITIZEN OF WHAT COUN TOF HISPANIC ORIGIN? (Specify Yes or No— Harce — Americation, Marican, Puerto Rican, etc.) 14. RACE — Americation, White, etc.							
MPLETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 18e. DE 19e October 19e Oct	CEDENT'S USUAL OCCUPATION IN A kind of work done during mo. To NOT use retired.)	et of working		TRY						
TO BE CO	17. FAXMER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Majden Surname) 18. MOTHER'S NAME (First, Middle, Majden Surname) 19. INFORMANT'S NAME (Type/Print) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20.7 A D4646046. LANC 21.229											
	20e, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Interest 3 Interest 2 Cremation 3 Interest 2 Interest 2 Cremation 3 Interest 2 Cre	novel from State other p		O ADDRESS OF FACILITY (
7	23. FART I. Enter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A CONSE	Pas File	de ôt dying, such es cei Ellalions	rdiec or reapiretory arrea	t, Approximata interval Between Onset and Death						
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (on As A consequence of): Due to (on As A consequence of): Due to (on As A consequence of): d.											
AL	PART II. Other algnificant-condition		resulting in the underlyin	g ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
rSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	OTHER:	LACE OF DEATH (Check only one 5 - Residence 6 - Other								
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — At he building, atc. (Specify)	INJURY W	PRK? YES 2 NO 26f. LC	ESCRIBE HOW INJURY OCCU DCATION (Street and Number or by or Town, State)	REG. NO. DEATH DAY YEAR 3. TIME OF DEATH BIRTH By, Year) 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 11 YES 2 ND 10g. CITIZEN OF WHAT COUNTRY? 11 YES 2 ND 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. Specify 20c. LOCATION — City or Town, State 14. RACE — American Indian, Black, White, etc. Specify 20c. LOCATION — City or Town, State 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR	CONNECT ONLY	SICIAN: To the best of my knowledge, di IER: On the basis of axamination and/or										
BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND APPRESS OF PERSON W	Maghlo	SM 27) (Type, Print)	29c. LICENSE NUMBER	29d. DATE 5	SIGNED (Month, Day, Year)						
	31. DATE FILED (Month, Day Vant)	82 REGISTRAR'S SIGNATURE	Am.									



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 6-22-94 MONTH 6 DAY 22 YEAR 1. DECEDENT'S NAME (First, Middle, Last) Adela Berezne 3. TIME OF DEATH BEREZNE ADELA 2035 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-32-4974 1 M 2 F 58 36 1 /12 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS BAYVIEW MEDICAL CENTER DIRECTOR BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD SPARROWS POINT Baltimore Co 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? LANE 7 ELINDR 21219 USA 11. MABITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, apecify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, alc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Veteran's Hospital Secretary once. 17 FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at Zusanna Yabczynski John Berezne BE notified t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Denise Melpignano 3727 Dublin Road, Darlington, MD 21034 9 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, Stata must 21 SIGNATURE OF FUNERAL SERVICE LICENSER On ald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt, Balto, MD21201 medicai Approximate interval Between 23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellura. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final the disasse or condition UNKNOWN resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): APPROXIMATELY burial, and allograft/xenograft 5/0 WOUND DEBRIDEMENT 6 hours other traumatic CERTIFICATION Sequentially list conditions, placement DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING RECURRENT WOUND INFECTION 3 months CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): # 31/2 that initiated events resulting in death) LAST NECROTIZING FASCIITIS month PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? OBESITY any 1 YES 2 NAO DEPRESSION 1 YES 2 THO DIABETES MELLITUS (INSULIN-DEPENDENT PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 Ves 2 No 26. PLACE OF DEATH (Check only one) State HOSPITAL:
1 Unpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 0 the the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 26s. PLACE OF INJURY — Al home, farm, street, factory, office building. atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 Could not be COMPLETED hours after item 28 is 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To Iha beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL WITHIN 72 1 = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE m wi 6/22/74 JHH #M0809 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) N. WOLFE ST.

BALTIMORE, MD



DHMH-16 Rev 1/89

MULL PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked by the relation and mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR be filed within 72 hours with

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Andrew Anthony	Barasda	Sr.		2. DATE OF DEATH	AY Y	S. TIME OF DEATH		
	41/-18-31359 000	× M2□F . 74	4 YRS. MOR	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	P	BIRTHPLACE (State or Foreign Country) ennsylvania		
TOR	Church Hospit		96		R LOCATION OF DI	EATH /	9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY Maryland			own on Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 301 McMechen Stree	t,Apt.#202		101.	ZIP CODE 21217		10.11	ted States		
₽		2. WAS DECEDENT EVER IN U.S	! □NO S	If yes, spe	ENDENT OF HISPAR city Cuban, Mexica 2 X NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	-	RACE — American Indian, Black, White, atc. Specify: White		
once. COMPLETED		TION 184 mpleted) College (1-4 or 5 +)	Give kind of work life. Do NOT use ret	done during mos lired.)	t of working	16b. KIND OF BU		TRY		
OMP O	17. FATHER'S NAME (First, Middle, Lest)		Self-E	mploye		Service ME (First, Middle, Malden		Dealer		
BE C	John Bara	sda			Jul		iorgas			
TO B	19s. INFORMANT'S NAME (Type/Print) Mrs. Vivian R. Bara	asda				t. #202,	n, State, Zip Co	de)		
must b	20s. METHOD OF DISPOSITION 1	of from State cerpeter	ACEAND DATE OF DI y, cremetory or other p	SPOSITION (Nat	ne of	DATE 20c. LO		or Town, Stata		
training must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENS Market.	SEE Mark T.	Zavoyna	Leon	D ADDRESS OF FA	uck, Inc.	ltimor			
injury, or other traumatic event, the medical	23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	t Dnly Dne cause Dn each	NSEQUENCE OF	enter the mod	le of dying, suc	h as cardiac or resp	ratory arrest	Approximate interval Batween Onest and Dauth		
ry, or other traumatic	cause. Enter UNDERLYING CAUSE (Disease or Injury) that initiated events resulting in desth) LAST	DUE TO (OR AS A COI	NSEQUENCE OF):							
shows any MEDICA	PART II. Other significant conditions of	ontributing to death but n	not resulting in th	e underlylng	cause given in	Part I. 24a. WAS AN PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	sck only one)				
Z S	1 TES 2 NO G	OSPITAL: Inpatient 2 ER/Outpatier	m 3 DOA 4			6 Other (Specify)				
Is marked, D BY PH	27. MANNER OF DEATH S Pending Description	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y		28d. DEȘCRIBE HOW INJURY OCCURED NO				
20 世	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — A building, atc. (Specify)	Al home, farm, street	, factory, offica		281. LOCATION (Street & City or Town, State)	and Number or i	Rural Route Number,		
D BE COMPLET	2 MEDICAL EXAMINER: 0	N: To the best of my knowledge On the basis of examination and						suse(a) and menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	d M.D		- 1	D432		29d. DATE SI	GNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO CO	oud M.O		")						
	JUN 2 7 1994	32. REGISTRAR'S SIGNATUR	- Andere							

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Item # 11 Film # 6 712 06-27-94 N.A. Per Funeral Home
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Leut) 2. DATE OF DEATH 3. TIME OF DEATH MICHAEL 23, BENDOS June 1994 0640 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yes, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, War) B. BERTHPLACE (State or Foreign DAYE HOUNS MIN X M 2 D F 96. FACILITY NAME (if not institution, give smell and number buclai-fransit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Mariner Health Center Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TYES 2 THO Sykesville Carroll FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 212 Lincoln La. 21784 U.S.A ours after death. Page 6 may be retained by the hospital or attending physician. d in by the tuneral director, page 5 should be detached by use as the burst-fram 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerts Rican, etc.)
1 □ YES 2 ☑ NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, etc. FORCEST 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 3 Married BY Specify: 3 Wildowed 4 W Divorced WW-II White BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY of working he kind of work done. Do NOT use retrect.) Elementary/Secondary (0-12) College (1-4 or 5+) Owner Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First, Middle, Marchin Sumame notified at George Bendos Eva. Koutsoumiris 194. INFORMANT'S NAME (Type/Print) 19te, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Bendos 4305 Crab Orchard Rd. 21057 Glen Arm. Md. 8 20e, METHOD OF DISPOSITION
1 P Buriel 2 Cremation 3 D Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 4 ☐ Donation 5 ☐ Other (Specify) View Cemetery 6/2 22 NAME AND ADDRESS OF FACILITY Lawn. Rockledge, Pa traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md filled in by the 23. PART 1. Entar tha diseases, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or haart fallura. List only one cause on each line. Interval Between cremation, or **Onset and Death** IMMEDIATE CAUSE (Final disease or condition and completely f to burial, cremation SOMIC resulting in death) executed with DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION rei Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediata cause. Entar UNDERLYING physician HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be NQ ASEQUENCE OF): other t CAUSE (Disease or Injury DUE TO (OR AS A CO that initiated events the attending p resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? any Covena 1 YES 2 NO Shows 1 | YES 2 | NO been s has bee Dept. PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) this certificate h tem OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 | YES 2 | 10 1 Inpetient 2 ER/Outpetient 3 DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending L DIRECTOR: After the bours after death w 1 YES BY 2 NO 2 Accident 28e. PLACE OF INJURY — building, stc. (Specify) At home, ferm, street, factory, office 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner ee stated. TO THE FUNERAL OF THE FUNERAL OF FILE WITHIN 72 H (Check only one) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 品 623 0 0 PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 201 5310 Old Court Road Randallstown, Md. 32. ARGISTRADIOSIGNATURE.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNE MAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the find attended to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the find attended to the funeral director, page 5 should be detached to the find attended to the find atten	De document 2 to 18 marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
RAT	5	E
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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAN	ID / DEPA CERTII						HYGIENI REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF	OEATH			3. TIME OF DEATH
	KATHERINE BO						Jun	e 20°	,199	4	5:35 p.m		
	4. SOCIAL SECURITY NUMBER 220-22-6292	5. SEX 1 M 2 X F	8. AGE (In y. 74	rs. lest birthday, YRS.	MONTHS	DAYS	HOURS	MIN.	NOV .	23,1	919	8. BIRTH	t Virgini
DIRECTOR	99. FACILITY NAME (If not institution, give at 841 N. Milton		9				MOLOCATI		EATH		9c. COU	NTY OF DE	АТН
E E	RESIDENCE OF DECEDENT											10d, INSIDE CITY	
	Maryland 100, STREET AND NUMBER	Ва	Baltimore						LIMITS?				
FUNERAL	841 N. Milton		21205 U.					S . A .					
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEOENT EVER IN U.5 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				NO If yee, specify Cuben, Mexican, Puerto Rican, etc.)					Specifi	- American Indian, White, etc.		
TELED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5		e. DECEDENT'S (Give kind of life. Do NOT of	S USUAL O work done use retired.)	CCUPATION OF THE PROPERTY OF T	ON ost of working	ng	16b, Ki	ND OF BUS	INESS/IND		
COMPL	17. FATHER'S NAME (First, Middle, Last)						40 MOT	HED'S M	NAS COURS AND	-41. 00 14 4			
	Fendley Nicho	ls					13. MOT	VEN S NA	AME (First, Mid	ure, Melderi S		iel	S
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	\$ (Street t	and Number	or Rural	Route Number,	City or Town			5
	Delores Scott			633	N. A	isq	uitl	h St	t. Ba	ltim	ore,	MD	21202
	20b. METHOD OF DISPOSITION 1 to Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) Baltimore National 6/27 Baltimore, MD												
	Marshall W. Jones, Jr. Funeral HM PA 4101 Edmondson Ave. Baltimore, MD 2122												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or complications that												
	IMMEDIATE CAUSE (Fins)												
4	Due to (or as a consequence of): Progressive, Locally Advanced												
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST												
- 11	d.												
	Squamous Cull	Supha	in the ur	deriying	g cause g	givan in				WAILABLE PRIOR TO COMPLETION OF CAUSE			
									- 1				YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one)				
	1 TYES 2 NO	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	4 - Nun		• 5 ₺ Re	sidence	8 Other (S	pecify)			
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26b. TIN	ME OF JURY M		URY AT RK? 'ES 2	NO	28d. DESCR	BE HOW IN	JURY OCC	URED			
- 10	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY A etc. (Specify)	Al home, ferm,	streel, fact	ory, offic	•		28f. LOCATIO	ON (Street en own, State)	nd Number	or Rural Ro	ute Number,
	290. CERTIFIER (Check only one) CERTIFYING PHYSICI	IAN: To the best of	my knowledge	e, desth occurr	red at lihe li	ime, date	end place,	end due	lo lhe cause(e) end menn d place, end	due to the	d. ceuse(e)	and menner es stated.
ł	796. SAGNATURE AND TITLE OF CERTIFIER	Per l	1				29c. LICE	HSE NUM	4BER 979		29d. DATE	SIGNED (Month, Ofy, Year)
	600 N. Wolfe	ST.	Bal.	himoic	Print)	MI	2	128	87			/	//
	31. DATE FILED (Month, Day, Year) 111N 2 7 1994	SZ. SEGISTRA	R'S SIGNATUR	Rudale									

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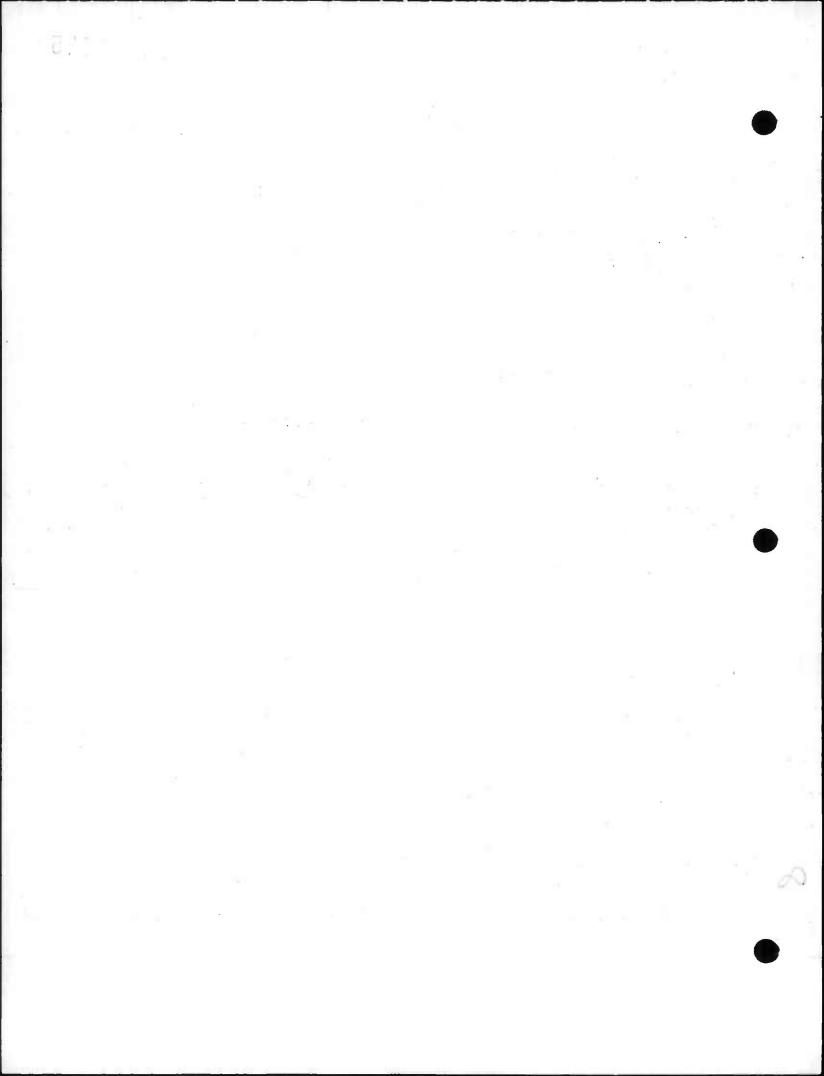
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, La TRENG	Irene Cath	erine Cor	kran		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 20 4378		(In yrs. lest birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 01 27 25	8. BIR	TNPLACE (State or Foreign ntry)
OR	90. FACILITY NAME (II not institution, gill Church Hospita	al	q	Baltim	R LOCATION OF DEA	TN	9c. COUNTY OF	DEATN
DIRECTOR	PRESIDENCE OF DECEDENT 100. STATE 100. COU Md. Bal		177.00	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 1938 Church F				ZIP CODE 21222		10g. CITIZEN OF	1 YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES		ENDENT OF HISPANIC	C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No — 14. RA Bla Spi	CE — American Indian, ack, White, etc.
	15. DECEDENT'S 8 (Specify only highest gi Elementary/Secondery (0-12)	EDUCATION trade completed) Coffege (1-4 or 5 +)	life. Do NOT use i	k done during mo: retired.)	N at of working	16b. KIND OF BUS		ite
E COMPLETED	8 17. FATNER'S NAME (First, Middle, Last) James Wilson	1	Housew	ork	18. MOTHER'S NAM	At Ho	-	
TO BE	190. INFORMANT'S NAME (Type/Print) Linda Cheek				nd Number or Rural Ro	ute Number, City or Town		
	20e. METNOD OF DISPOSITION 1 # Buriel 2 Cremeflon 3 R 4 Donaflon 5 Other (Specify)	Removal from State can	o. PLACE AND DATE OF netary, crematory or otha	DISPOSITION (Na r placa)	tery 6-3	DATE 20c. LOC	CATION — City or	5-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
	21. SIGNATURE OF FUNERAL SERVICE	D. Zile		Charl 6224	Eastern A	ler & Son Ave. Balto	Md.	
	23. PART i. Entar the diseases, shock, or heart fellu iMMEDIATE CAUSE (Finei disease or condition resulting in death)	or complications that ceuse ire. List only one cause on e	ach Ilna.	anter the mo	da of dying, such	ss cerdiac or respli	ratory arrest,	Approximata Interval Between Onset and Daath
CERTIFICATION	Sequentielly liet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions DM CVA	tions contributing to death b	out not recuiting in	the underlying	ceuse given in P	art I. 24a. WAS AN PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
IAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATN (Chec	k only one)		
HYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 (Vinpatient 2 - ER/Out) 28e, DATE OF INJURY			5 Residence 8	Other (Specify) 28d. DESCRIBE NOW IN	TINEA UCCHBED	
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not	28e PLACE OF INJURY	INJUR	M 1 N	ES 2 NO	281. LOCATION (Street a		il Route Number
LETEO	4 Nomicide determined	building, etc. (Spe	cify)			City or Town, State)		
COMPLETED	(Check only	NYSICIAN: To the best of my know MINER: On the beels of examination						o(s) and menner se stated.
TO BE	296. SIGNATURE AND TITLE OF CENT	are MD			DIGG 1	1.400	DATE SIGNI	ED (Month, Day, Year) 25, 1994
		SOARES	100 N		WAY ST	· TSALT	HORE	MD. 81231
	31. DATE FILED (Month, Day, Year) JUN 2 7 1994	32. REGISTRAR'S SIGN	ATURE					,



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	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN REG. NO	_	
	I ZOLA 4. SOCIAL SECURITY NUMBER	CARTER				JUNE 25,	1994	3. TIME OF DEATH 6:58 P
8	216-28-5082 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F 7	E (In yrs. last birthday) 6 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-5-191	.7 V	BIRTHPLACE (State or Foreign Country) 'irginia
TOR	THE JOHNS HOPKIN				ORE CITY	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Md .	Υ		town on Local				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	144 N. Denniso	n St.			21229		USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	If yes, sp		HC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a, DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF BU		TRY
COMPL	8 th 17. FATHER'S NAME (First, Middle, Last)		Seamstr	ess		ME (First, Middle, Maiden	Sumame)	Clothing
TO BE	John Allen 19a. INFORMANT'S NAME (Type/Print) Robert Holman	Carter			and Number or Rural F	a Norris Route Number City or Tow Balto.	n, State, Zip Co	
	20e, METHOD OF DISPOSITION 1 \(\times \) Burlel 2 \(\times \) Cremation 3 \(\times \) Ren 4 \(\times \) Donation 5 \(\times \) Other (Specify)	novel from State	Ob. PLACE AND DATE Of the property, crematory or other and Memo	F DISPOSITION (Na her place)	ark	DATE 20c. LO	cation – chy	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		es	22. NAME AI	no adoress of fac	Derric ghts Ave	k C. . Bal	Jones F.H. to., Md.21
7	23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Pryhadle	each line.):	de of dying, suci	h as cardiac or reap	ratory arrest	Approximate interval Betwo
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Jasosp	A CONSEQUENCE OF):	hage			10 days
MEDICAL	PART II. Other algorificant condition	ns contributing to death	but not resulting li	n the underlyin	g cause given in	Part i. 24a. WAS AN PERFO!	IMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 5 NO	HOSPITAL: 1 N inpatient 2 - ER/Ou	itpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che	ur les record		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
TED (3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE OF INJUE building, etc. (Sp	RY — At home, farm, at hecity)	treet, factory, offic		281. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,
COMPLET	onel	ICIAN: To the best of my kno ER: On the besis of examinat						suse(s) and manner so stated
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Resident.			29c. LICENSE NUN	MBER	29d. DATE SI	GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE		Print)	0 / 121		9-6	- 14
	31. DATE FILEO (Month, Day, Year) JUN 2 7 190	32. REGISTRAR'S SIG						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF H	HEALTH AND	MENTAL HYGI		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
		VINCENT ^S CANATE					06 2	20 94	1 1:17 M
Pi		als 03 7491 1	6. AGE (In yrs.	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	1911	BIRTHPLACE (State or Foreign Country) PARYLAND
2, 3 should	OR	99. FACILITY NAME (If not institution, give street	t and number)		-	SOA	EATH	BALT	OF DEATH
₩.	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	CIP.—			10d, INSIDE CITY
physician. burial-transit permit. Pages		MARYLAND BALT	more		A nate	RM			LIMITS?
an. ransit pe	FUNERAL	11419 GLOARE			101	A 105	7	10g. CITIZEI	S.A.
	BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? YES 2 [IF YES, GIVE WAR OR DATES O D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARMED NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify:
the hospital or attending detached for use as the once.	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-	TON 18e.		USUAL OCCUPATION ork done during most retired.)		16b. KIND OF	BUSINESS/INDUS	TRY
the hospital detached fo	OMPL	17. FATHER'S NAME (First, Middle, Last)	5501090 (14 07 5 4)	SUPS	RVKTO		BALTE		y Public Work
3	ЕСС	Liumaz	CANATELLA	7		ROLL MOTHER'S NA	ME (First, Middle, Mak	Sen Surneme)	
5 should	TO B	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip Co	de) 21057
			HAZCH	11410	(4)50 F	ARM R	10 (4)	en ARI	n. MARYAMO
e 6 ma rector, p		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Remova 4 Donetlon 5 Other (Specify)	20b.PLAC	crematory or of	her place)	PSCALLES	DATE 20c.	LOCATION - CITY	ORRYLAND
death. Page tuneral direct. I.		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	1		ND ADDRESS OF FA		J Feb. 1U/	20/
o = 0		Marles 7	· Evans	1	884	Parts	W KJ.	2/2	39
D O E		23. PART i. Enter the diseases, or cor shock, or haert failurs. Lis iMMEDIATE CAUSE (Finel	t only one cause on each i	death. Do n	ot enter the mo	ede of dyifig, auc	h aa cardiac or re	apiratory arrest	Approximate interval Between Onset and Death
e be executed within the sician and completely filled sician to burial, cremation, or traumatic event, the m		Al	CEREBRO VASCUL						Ornset and Death
executed v n and comp to bunal, c matic eve	z		ATRIAL FIBRILA):				
be exection and or to bur	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON-						
n certificate be inding physicial Hygiene prior or other trau	IFIC/	CAUSE (Disease or injury thet initiated events	ANTI COAGULATE						
E S + 0	CERTIFICATION	resulting in death) LAST							
20 -	4	PART II. Other significant conditions of	contributing to death but no	ot resulting in	the underlying	g cause givan in	Pert i, 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
# 3 6 G	EDIC	CARCINOMA OF THE	E PROSTATE GLA	AND MI	IH BUNE	METASTAS	ES 1 PES	2 🗌 NO	COMPLETION OF CAUSE DF DEATH?
been sign tr. of Healt	2	DID TOBACCO USE CO	ONTRIBUTE TO CA	USE OF	DEATH Y	YES NO	D IA		1 NES 2 NO
N: The law ficate has t State Dept Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Ch	eck only one)		
PHYSICIAN: The this certificate with the State weth or item	IXSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient	3 DOA			8 Other (Specify)		
NG PHYS frer this c eath with marked,	ву рну	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	RED
CTOR: A after of 28 is	8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, st	treet, fectory, offic	•	281. LOCATION (Stree City or Town, Str		Rural Route Number,
L OR / DIRE hours	PLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred	d at the time, date	end place, end due	to the cause(e) end	menner es atated.	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL		On the besie of exemination end/						euse(e) end menner ee stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	31 0 1			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
5 5 % W	10	30. NAMÉ AND ADDRESS OF PERSON WHO C	MAPL TED CAUSE DE DEATH OF	TEN OR /T-	Drint)			1 6	-21-94
		827 Linden	Ave		nore	11d 21a	01		
		31. DATE JUN 07 7 1994	32 RIGISTIMA'S SIGNATURE	Endere					

Maria ... le A

94"

3. TIME OF DEATH

22 S. Green Street Baltimore, MD 21201

6:30 ам

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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		4. SOCIAL SECURITY NUMBE		SEX	-	n yrs. last birthday)	IF UNDE	DAYS	IF UNDER	1	7. DATE	OF BIRTN	1	Country)	ACE (State or Foreign
9		284-34-341	-	M 2 F	53	3 YRS.	WONTHS	DAYS	HOURS	MIN.	07/	04/40		hio	
3 should		9a. FACILITY NAME (If not inst					9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DEA	тн
62	6	8284 Elvat	on Roa	ad			Mi	11e:	rsvi	ille			Anne	Ar	unde1
	5	RESIDENCE OF DECI	10b. COUNTY			I 40 - 00	FM STOLEN								
permit. Pages 1,	DIRECTOR	Maryland	Anne A	Arunde	1	10e. CI	TY, TOWN	OR LOCAL		l1er	svi	l1e			Od. INSIDE CITY LIMITS? YES 2 NO
	₹	10e. STREET AND NUMBER						101	. ZIP COD				10g. CITIZE	N OF WH	AT COUNTRY?
physician. burial-transit	FUNERAL	8284 Elvat	on Roa	ad					2	2110	8		Ţ	JSA	
ysicia rial-tr	5	11. MARITAL STATUS		FORCES? 1	T EVER IN		13.					? (Specify Yes	or No- 1	4. RACE Bleck, V	- American Indian, White, atc.
as the bu	D BY	1 Never Married 2 N N 3 Widowed 4 Divorce	ed	1968	- 1	72		1 TES				,		Specific	White
use a	l m l		DENT'S EDUCATION highest grade com			16a. DECEDENT'S	work done			ng	16b	KIND OF BUS	SINESS/INDU	STRY	7
the hospital or detached for once.	COMPLET	Elementary/Secondary (0-1	2) C	ollege (1-4 or 5	+)	Matl		tic	ian		U	s. D	ept.	of	Defense
he ho detac	ğ	17. FATNER'S NAME (First, Mid	die, Last)							NER'S NA		Aiddle, Maiden			
9 g 4	l w l	Berna	rd Car	npbe11					Ri	ta	(las	t name	e unav	aila	ble)
5 should	TO B	190. INFORMANT'S NAME (Typ				19b. MAILIN	G ADDRES	\$ (Street a				oer, City or Tow			
De ref	F	Renee E. C	ampbel	11		8284	E ₁ v	ato	n Ro	1. M	i11c	ersvi	11e,	MD	21108
may be		20a. METNOD OF DISPOSITIO	N 3 🗆 Removal	from State	20b.	PLACE AND DATE	OF DISPO	SITION (Na	me of		DAT	20c. LO	CATION - CI	ty or Town	, Steta
ge 6 ma irector, p		4 Donation 5 Other (S	Specify)		Met	tro Cr	emat	ory	, Inc	2. 0	6/2	Ba	1timo	ore,	MD
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once.		Dawn	McDor	mala	one	rld	Çr		tior	ı So	cie				d, Inc. MD 21228
ely fill, the the	NOI	23. PART I. Enter the disence, or her immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate.	art fallure. List	HEA	O A (OR AS A	CONSEQUENCE C	NE OF):						natory arres		Approximate interval Between Onaet and Death
te death certificate be the attending physician Mental Hygiene prior to lury, or other traur	CERTIFICATION	cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	G	DUE TO	(OR AS A	CONSEQUENCE O	OF):								
requires that the sen signed by to of Health and thows any in	MEDICAL	PART II. Other algoritices					-				_	24a. WAS AN PERFOR 1 YES 2	RMED?	AN CC	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATN? YES 2 NO
	AN	DID TOBACCO 25. WAS CASE REFERRED TO		MIKIBUIE	: 10 (LAUSE OF	DEA				eck only or	al.			
Cate h State	S	EXAMINER?	H	OSPITAL:	- FRIO. 1	rtlant 3 🗆 DOA	OTHE	R:	/						
SICIAN: The certificate h the State d, or Item	PHYSIC!	27. MANNER OF DEATH	- 1	28a. DATE OF		26b. Til		28c. INJ		aaldenca	6 Othe	(Specify)	H IIIBY OCCI	DED	
er this of the with with		1 Netural 5 P		(Month, D		IN	JURY M	WO	RK?	□ NO	200. DE	CHIBE NOW II	NJONI OCCO	NED	
TOR: After dea after dea 28 is m	rED BY	3 Suicide 6 C	vestigation ould not be itermined	28e. PLACE C building,	F INJURY -	— At home, farm,	street, fac				281. LOC City	ATION (Street a or Town, State)	and Number of	Rural Rou	le Number,
TAL OR A VAL DIREC 72 hours 18 item	COMPLET	anal				edge, death occur									
HOSPITAL FUNERAL WITHIN 72 H	8	2 MEDIC		m the Desia of e	examination	and/or investigati	on, in my	opinion, d	eath occu	red at the	time, date	and place, an	d due to the	ceuse(s) s	nd manner es stated.
THE HOSPI THE FUNEF filed within PORTANT:	BE	296. SIGNATURE AND TITLE	CERTIFIER							ENSE NUN					forith, Day, Year)
5 5 3 W	0	with	0	10					U.	586	8	3	▶ 06	/24	/94

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

M.D.

la Davids

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

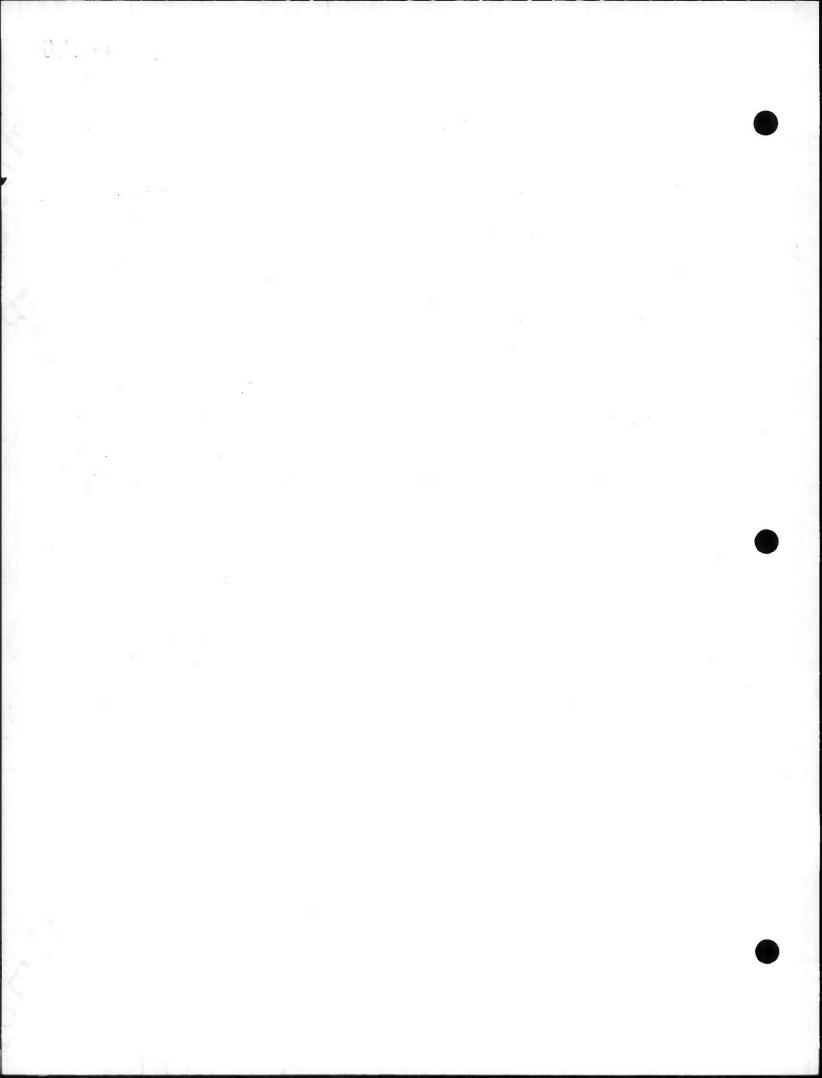
DHMH-16 Rev 1/89

2

Carl Shanholtz,

31. DATE FILED (Month, Day, Year)

JUN 2 7 1994



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH ANI	D MENTA	L HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	*				OF DEATH	3. TIME OF DEATH
	Ronald	Coleman	Jr.		Л1		94 0517 *
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRE	S. 7. DATE	OF BIRTH	Country)
		t M 2 🗆 F	YRS.	20	6	-3-1999	Mok,
~	9e. FACILITY NAME (If not institution, give s			CITY, TOWN OR LOCATION OF	DEATH	SE COUNT	Y OF DEATH
Ē	2116 W. Lexino	ton Street	t l	<u>Baltimore</u>			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	(H).		SA	timore			1 YES 2 NO
FUNERAL	10 STREET AND NUMBER	0 2/1-	Fo. CT	101. ZIP CODE	2	10g. CITIZE	N OF WHAT COUNTRY?
W	11. MARITAL STATUS	12. WAS DECEDENT EVEN II	100 31	2120			· 3. H.
	t Never Married 2 Married	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer	xican, Puerlo	N? (Specify Yes or No	4. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	" TES, GIVE WAN ON D	ATES	1 TYES 2 NO Sp	ecity:		Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16s. DECEDENT'S USU/	lone during most of working	16	. KIND OF BUSINESS/INDU	STRY
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	red.)			
ğ	17 FATHER'S NAME (First, Middle Lost)		- (Ju Hornesia	1		
	Rangla	3 Cal	eman	18. MOTHER'S	NAME (First,	Middle, Malden Syrname)	rail
BE	19e. INFORMANT'S NAME (Type/Print)	10		RESS (Street and Number or Ru	ral Route Nun	oblir, City or Town, State, Zip C	Code
임	TAMMY M	Cray	2116	WICX	Ina	ton St.	
	20e RETHOD OF DISPOSITION 1 Description Burlet 2 Cremetion 3 Reme	cord from State 20b	PLACE AND DATE OF DIS	SPOSITION (Name of	140	E 20c LOCATION - CI	ty or Town, State
	4 Denetion 6 Other (Specify)		Blerry crematory or other	on tores	UA.	BAIT	Md.
	21. SIGNATURE OF UNERAL SERVICE LIC	ENSEE	/	22 NAME AND ADDRESS OF	FACILITY	neral Se	wice.
	· Couldon	. Dor	Lan	1701 M	CCI	IInh So	<i>t</i> .
	23. PART I. Enter the diseases, or o shock, or haert failure.	complications that caused List only one cause on a	the death. Do not e	ntar the mode of dying, a	uch as car	diac or reepiratory srre	
	IMMEDIATE CAUSE (Finsi	1	1	/ / .			Interval Between Onset end Death
ı	disease or condition resulting in death)	· Posite	mel v	Sphistic			
		DUE TO (OR AS A	CONSEQUENCE OF):	1			
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS /	CONSEQUENCE OF):				
Ä	if any, leading to immediate cause. Entar UNDERLYING		,				
Ĕ	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
EH	resulting in dasth) LAST	d					
	PART II. Other significant condition	s contributing to death b	out not resulting in th	a undariving causa givan	in Part I.	24e. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL				, , , , , , , , , , , , , , , , , , , ,		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
요						1 TYES 2 NO	OF DEATH?
2 2	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF DE	ATH YES N	10 17	1	1 123 2 100
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH		ne)	
Sic	1X YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	petient 3 DOA 4 D	HER: Nursing Home 5 Residen	ce 6 🗆 Oth	er (Specify)	
F	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DE	SCRIBE HOW INJURY OCCU	RED
B	2 Accident Investigation	Formed 6/23	19 0570	M 1 YES 2 NO	Sul	eet in beddin	
	Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec		, tectory, office	City	CATION (Street end Number of Town, Stete)	r Rural Route Number,
<u> </u>	29e. CERTIFIER		hone		21		for I reel
COMPLETED	(Check only			the time, date end piece, end my opinion, death occured at			couse(s) and menner as stated!
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE			SIGNED (Month, Day, Year)
B	Therder	U. Kens	14.0		M.E.		ne 23 1994
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	وتلواته		10 23 1994
	_ Theodore King		11 Penn	Street. Ba	ltimo	re. Maryl	and 21201
	31. DATE FILED MONTH Day Your 7 199	4 32. REMISSIAR SIGN	don- Andell				
- 1	2011 7 1 100	. //					

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	1. DECEDENT'S NAME (First, Middle, La.	Harvey .	James 1004	Coole	у	2. DATE MONTH	OF DEATH DAY - 22	-v9.4	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)			7. DATE	OF BIRTH , Day, Year)	8. BIRTHE Country	PLACE (State or Fore
	160 22 6679 So. FACILITY NAME (If not institution, give	1 M 2 F	66 YRS.			4-2	9-28	Р	enna
CTOR	FALLSTON GE		tosp.		ALL STO		9c, COU	AR	FURD
DIRECT	10a. STATE 10b. COU	INTY		TY, TOWN OR LO	DCATION Jopp	ра			10d. INSIDE CITY LIMITS? 1 YES 2
RAL	Maryland Har 100. STREET AND NUMBER 714 Philadelp				101, ZIP CODE 21085		10g. CIT		HAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 NO Speci	an, Puerto F		14. RACE Black,	- American India, White, elc.
LED	15. DECEDENT'S E (Specify only highest on		16a. DECEDENT'S	S USUAL OCCUP	PATION of working	100	KIND OF BUSINESS/INC		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT &	ne Ope			ailroad Plastic 1	and Manu	factur
E COMPL	17. FATHER'S NAME (First, Middle, Last) Harvey Joh		у		18. MOTHER'S N	AME (First, A	Middle, Maiden Surname) Demspt		
TO B	19a. INFORMANT'S NAME (Type/Print)		and the second s		eet and Number or Rural	Route Numb	er, City or Town, State, Zip	Code)	4
-	John Cooley 20s. METHOD OF DISPOSITION		20b. PLACE AND DATE			Pitts	burg, Pe		
/		Male	used the death. Do	6551	W.Baltim	oreS	t, Balto, I	MD21	201
NO	23 PART I. Enter the diseases, shock, or heart felium immediate CAUSE (Final disease or condition resulting in deeth)	or complications that cause of the cause of	used the death. Do on each line. Manual Grant State of the state of t	not enter the	W.Baltim	ores	t,Balto,	MD21	201
RTIFICATION	23 PART I. Enter the diseases, shock, or heart fellur immediate Cause (Final disease or condition	eDUE TO (OR A	used the death. Do on each line.	not enter the	W.Baltim	ores	t, Balto, I	MD21	201
ICAL CERTIFI	23 PART I. Enter the diseases, shock, or heart felius in the shock of	b	as a consequence of	not enter the	W.Baltim	oreS	t, Balto, I	MD 2 1	Approximation of complex properties of the c
MEDICAL CERTIFI	23 PART I. Enter the diseases, shock, or heart feilur immediate cause. Final disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condition of the condition of the cause.	DUE TO (OR A C. DUE TO (OR A d. DUE TO A HOSPITAL:	as a consequence of the but not resulting	not enter the	W.Baltim	ores	t, Balto, I lec or respiratory en Levyn 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	MD 2 1	Approximation of complex properties of the c
SICIAN: MEDICAL CERTIFI	23 PART I. Enter the diseases, shock, or heart felium immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and in the conditions of the cause in the c	DUE TO (OR A DU	as a consequence of the but not resulting	oF): OF): OF): OTHER: 4 Nursing.	M. Baltim mode of dying, euc which cause given in s. PLACE OF DEATH (C	oreS the accord	t, Balto, I	MD 2 1	2 0 1 Approximatinterval Bi Onset end WERE AUTOPSY FI AMAILABLE PRIOR OF COMPLETION OF C
MEDICAL CERTIFI	23 PART I. Enter the diseases, shock, or heart felius in the late cause. Final disease or condition resulting in deeth) Sequantielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions in the late of	DUE TO (OR A C. DUE TO (OR A C. DUE TO (OR A d. Liona contributing to deet HOSPITAL: 1.2 Inpetient 2 = ERV (Morth, Day, Net	as a consequence of the but not resulting th	ory ory ory ory ory ory ory ory	M. Baltim mode of dying, euc www. Ca ying cause given in B. PLACE OF DEATH (C Home 5 Residence INJURY at WORK?	oreS the ea card Part I. B Other	t, Balto, I	MD 2 1	Approximinterval B Onset end Were autopsy Fi Amalable Prior Completion of C Opposition of Death?
ED BY PHYSICIAN: MEDICAL CERTIFI	23 PART I. Enter the diseases, shock, or heart felium immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. HOSPITAL: 10 Inpelient 2 □ ERV (Morth, Day, No. DUE TO INJUI Del DATE OF INJU	AS A CONSEQUENCE COAS A COAS A CONSEQUENCE COAS A C	ory ory ory ory ory ory ory ory	M. Baltim mode of dying, euc www. Ca ying cause given in B. PLACE OF DEATH (C Home 5 Residence INJURY at WORK?	oreS the ea card Part I. B Other 286, LOC.	t, Balto, I lac or respiratory en Levyn 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	MD 2 1	Approximinterval B. Onset end Were autopsy Fi Amalable Prior Completion of Coopletion of Death?
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ED BY PHYSICIAN: MEDICAL CERTIFI	23 PART I. Enter the diseases, shock, or heart felium immediate cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation investigation in death investigation in the process of the process	DUE TO (OR A DU	as a consequence of the but not resulting th	of) of): o	M. Baltim mode of dying, euc which is a series of the seri	ores the ea card Part I. Part I. 28f. LOC. City on time, data	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ATION (Street and Number or Town, State)	24b.	Approximation interval B. Onset end Onset end WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COMPLET

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TO THE FUNERAL DIRECTOR: After this certificate be the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	KILIF	ICALE	OF D	EAIH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Martha POLIT	OWICZ Chi	rul					June 22	199	4AR	3. TIME OF DEATH 8:00PM
1	4. SOCIAL SECURITY NUMBER 212-32-7738	5. SEX 6. A	GE (In yrs. lest	birthday) YRS.	IF UNDER 1		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) JUNE 22,	1900	8. BIRTHP Country	PLACE (State or Foreign
		22	24						_		
(c)	9a. FACILITY NAME (If not institution,						OCATION OF OR	ATH	9c. COUN		
DIRECTOR	STELLA MARIS I				TOWS	ON			BAL.	PIMOI	KE
	10e. STATE 10b. CO	DUNTY		10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY
		ALTIMORE		TOW	SON						LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP	COOE		10g. CITIZ	EN OF W	HAT COUNTRY?
N N		VALLEY ROAD					21204			JSA	
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 \(\square\) Y	R IN U.S. ARN ES 2 V N	MED O	13. W	LS DECENDI yes, specify	ENT OF HISPAN Cuban, Mexica	IIC ORIGIN? (Specify Yes	or No-	14. RACE - Black,	American Indian, White, atc.
B	3√X Widowed 4 □ Divorced	IF YES, GIVE WAR O	R DATES A				NO Specify				TITE
	15. DECEDENT'S		16a. DEC	EDENT'S	USUAL OCC	UPATION		16b. KIND OF BUS	NESS/INDI		
E	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)	(Giv	no kind of v	work done du	ring most of	working	10011111001		,,,,,,	
COMPLETED	10	Conlege (1-4 or 5+)		BUSI	NESS	MANAC	SER	CAN	IDY		
O	17. FATHER'S NAME (First, Middle, Las	si)				18.	MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE C	MARTIN	E	OLITO	WICZ			JOSEPH			JNKNO	(NWC
10	198. INFORMANT'S NAME (Type/Print) VICTORIA C. CH							Coute Number, City or Tow THERVILLE)3
	20a. METHOO OF DISPOSITION 1. Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE AI cemedap, crem				í. 6	/25/94 BAI	CATION — C	RE, N	n, State ID .
	21. SIGNATURE OF FUNERAL SERVICE						DORESS OF FA				
	· Wallace.	S. Broose	2		1	050 3	ORK RO	FUNERAL HO	MD.	2120)4
	23. PART I. Enter the diseasea	, or complications that cau lure. List only one cause of	sed the dea	th. Do r	not enter t	ne mode d	of dying, auci	as cerdiac or reapl	ratory arre	at,	Approximate
	IMMEDIATE CAUSE (Final	tore. List only one cause of	N escri inie.								Onset and Death
	disease or condition resulting in death)	. ASCV									YRS
		OUE TO (OR A	S A CONSEO	UENCE O	F):						0. /
Z	Sequentially list conditions,	б									
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEC	UENCE OI	F):						
[일	CAUSE (Disease or injury	cDUE TO (OR A	S A CONSECU	UENOE O							
E	that initiated events resulting in death) LAST	DOE TO (OR A	S A CONSECU	UENCE U	-):						
崽		d	_						-		-
	PART II. Other algnificant cond	ditiona contributing to deat	h but not re	aulting	in the und	erlying ca	uae given in	Part I. 24s. WAS AN			WERE AUTOPSY FINDINGS
EDICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
									X, NO		OF DEATH?
Σ								_			1 TES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDIC	AL				26. PLACE	OF DEATH (Che	nck only one)			
Sic	EXAMINERS	HOSPITAL:	Outpatient 3 [DOA	OTHER:			6 Other (Specify)			
PHYSI	27. MANNER OF DEATH	26a. DATE OF INJUI	RY	28b. TIM	E OF 2	Sc. INJURY		28d. OESCRIBE HOW II	NJURY OCCI	JRED	
	Natural 5 Pending		nr)	INJ	URY	WORK?	2 🗌 NO				1
ВУ	2 Accident Investigs 3 Suicide 8 Could no	28e. PLACE OF INJU	JRY — At horr	ne, farm, s	street, factor	y, offica		28f. LOCATION (Street a	and Number of	or Rural Ro	ute Number,
ETED	4 Homicide determin	building, atc. (5	Specify)					City or Town, State)			
P.	29e. CERTIFIER 1. CERTIFYING	PHYSICIAN: To the beet of my ki	nowledge, dea	th occurr	d at the tim	e, data and	place, and due	to the cause(s) and man	ner es state	d.	
COMPLET	one) 2 MEDICAL EXA	AMINER: On the basis of examine	ation and/or in	rveatigatio	n, in my opi	nion, death	occured at the	time, data end placa, an	d due to the	cause(s)	and manner as atated.
ОП	29h, SIGNATURE AND TITLE OF CER	TIFIER				290	. LICENSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
00	Kendapl	2) aul	bell	ein	an	1	256	4-3	16/	23	194
2	30. NAME AND ADDRESS OF PERSO Kendall Faul	N WHO COMPLETED CAUSE OF Kner 2300 D	oeath (ITEM	27) (Type,	Print)	y RE). Tow	son, Mar	ylan	d 2	1204
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S		_				,			
	JUN 2 7 1994	Juli Dinden-	Pilite								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the float of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	ATE OF D	DEATH	REG. NO.			
100	1. DECEDENT'S NAME (First, Middle, Last) SOHN L,	CAMPBI	ELL			2. DATE OF DEATH DAY	4 1994	3. TIME OF DEATH 00 15 A M	
	A 1	6. SEX 6. AGE (1) M 2 - F 46	140		IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 3-4-48		THPLACE (State or Foreign	
OB	90. FACILITY NAME (If not institution, give street HOSPI)	t and number)	96	Balto	LOCATION OF DE		9c. COUNTY OF	DEATH	
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY, TO	OWN OR LOCATIO	N			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL (100. STREET AND NUMBER 2900 G/en A	fue		101. Z	IP CODE 2/2/5	-	10g. CITIZEN OF	WHAT COUNTRY?	
BY FUN		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		fy Cuban, Maxican	IC ORIGIN? (Specify Year n, Puerto Riceri, etc.)	or No — 14. RAM Bis Spe	CE - American Indian, ock, Whita, atc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elamentary/Secondary (0-12)		16a. DECEDENT'S USC (Give kind of work life. Do NOT use re	done during most (tired.)	of working	166. KIND OF BUSI		rtment	
BE COM	17. FATHER'S NAME (First, Migdie, Last)	bell			DAVO 4	ME (First, Middle, Meiden S	e (chan	elson	
10 B	DOLY (ENE J. C.	ampbell	290 C	DRESS (Street and	Number of Rural F	loute Number City or Town.	State, Zip Code) MU Ago	+ E. 21215	
95 00 000	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	il trom Stata 20b.	PLACE AND DATE OF D etery cremetory of other	ISPOSITION (Name place)	4	BOATE BOLLOG	HO MA	Fown, Stata	
	21. SIGNATURE OF FUNEBAL SERVICE LICEN	Maria	4	May 1	ADDRESS OF FAC	abash x	Sue B	attored	
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	npilications that caused at only one cause on as	the daeth. Do not sch lina.	enter the mode	of dying, such	as cerdiac or respir	atory errest,	Approximate Interval Between	
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NOL	Sequentially list conditions, if sny, leading to immediate	HIV I	CONSEQUENCE OF): NFELTIC CONSEQUENCE OF):	W				+ IYR (KNOWN)	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
	PART II. Other significant conditions of	contributing to death b		Samuel de la constitución de la					
EDICAL		FICIENCY.	ut not resulting in t	na underlying d	suse given in	Part I. 24a. WAS AN A PERFORM	WED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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ВУ РНУ	27. MANNER OF DEATH 1 V Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJUR	Y AT	28d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY building, etc. (Spec	— At home, term, atree	t, tactory, offica		28t. LOCATION (Street ar City or Town, State)	nd Number or Rura	Routa Number,	
COMPLETED	one)	AN: To the best of my knowl On the bests of examination						(a) and manner as stated.	
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의	30. NAME AND ADDRESS OF PERSON WHO CO A.S. FLEISHER	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	OF	RALTI	MARF		777114	
	31. DATE FILED (MONTH) 200, 7007 1994	51NA 32 JEGISTRABIS SIGNI Junia Davidso	ATURE MANGELL		7	101-6			
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last	()			0.40	2. DATE	OF DEATH		3. TIA	ME OF DEA
	MICHASI	FRANCI	S DALL	1, JR		MONTH	N A4	1991	EAR 4	OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday) IF UNDER 1 YEA		(4.4	OF BIRTH	1 8.	BIRTHPLACE Country)	(State or F
	213 30 0374	1 X M 2 □ F	59 YRS.			Dal	1.10 19	34		
~	Sa. FACILITY NAME (If not institution, give		11-10-	96. CITY, TOV	N OR LOCATION OF	DEATH	- '	9c. COUNTY		
CTOR	RESIDENCE OF DECEDENT		HOSPITAL	1 07	RELIT			Wi	com	1160
DIRE	10a. STATE 10b. COUN	artoro	toc. C	BSI A	CATION					NSIDE CITY
RALC	10e. STREET AND NUMBER	44010		DULT	10f. ZIP CODE			10g. CITIZEN	OF WHAT C	YES 2.
IER/	1504 CLOAR	a coow	RIVE		2101	4		U	A.2.	
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ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	10	res 2 NO Spe	clfy:		1	Specify:	15
ETED	15. DECEDENT'S ED (Specify only highest grad		(Give kind o	'S USUAL OCCUP	ATION most of working	16b.	KIND OF BUSI	NESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Illo. Do NOT	RANCE	Ta 2 2 0	-				
COMPL	17. FATHER'S NAME (First, Middle, Last)	7710.	122 (1)	KHIKS	16. MOTHER'S	NAME (First, I	Middle, Maiden Si	urname)		
BE C	MicHASL F.	DALY, SA	3.		Roser	JARI.	E	TEYER	2	
TO E	19a. INFORMANT'S NAME (Type/Print)	Daly		-	et and Number or Run	al Route Numb	ber, City or Town,	State, Zip Co	de)	210
	200, METHOD OF DISPOSITION	OHY	20b. PLACE AND DAT		(Name of	URIV.	E 20c LDC	ATION - City	or Town St	O-
	CR Buriet 2 ☐ Cremetion 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stata	cemetery, cremetory of	other place)	LAI	6-32	8 Bs)	AIR	MAG	SYLA
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE			AND ADDRESS OF	FACILITY RAYC	HAPEI	-02	AIR	,P.A
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TO THE HOSPITAL DRIVERAL DIFFERIORS After this certificate be been the death certificate be executed with.

TO THE HUNERAL DIFFERIOR After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	L HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
SECEDENT'S NAME (First Middle I and)		

	1 - STATE REGISTRAR	STATE OF MA	KYLANU / UEPAI CERTIF		F HEALIH OF DEAT		ENTAL HYGIENI REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) KIR	IOLIGI AS				JUNE 23, 19			3. TIME OF DEATN 6:31 P M	
	4. SOCIAL SECURITY NUMBER 220 82 9856	1 1 4 M 2 F 2 1 VRS					LACE (State or Foreign			
OR	So. FACILITY NAME (If not institution, give THE JOHNS	OSPITAL		WN OR LOCATION		н	9c. COU	MA INTY OF DE	ATN	
DIRECTOR	10e. STATE 10b. COUNT	Balto.		ry, town on L	ocation Stati	ion				10d. INSIDE CITY LIMITS? KXYES 2 \(\) NO
FUNERAL	100 STREET AND NUMBER 609 New Pitts	burg Aver	iue		101. ZIP CODE 21.2			-		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 1 IF YES, GIVE WAR 85-8	VER IN U.S. ARMED	If ye	DECENDENT OF A SPECIFY Cuber YES 2 X NO	ı, Mexican, F	ORIGIN? (Specify Yes Puerto Ricen, etc.)		14. RACE	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	life. Do NOT L	work done during	ng most of working	9	16b. KIND OF BUS	INESS/INI		
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry	Douglas					(First, Middle, Meiden S	,	k	
TO E	Annie Sharp						Ave. Ba			d. 21222
	28e. METNOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ren 4 Donetion 5 Other (Specify)		20b. PLACE AND DATE	n Fore	est		6/29 0	wind	City or Tow	ills, Md.
	21. SUPPLIFIED OF FUNERAL SERVICE LI	a. Mar	ton				ton & So		. Má	1. 21217
	23. PART 1. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only Dne ceuse	DO OCCUO	not enter the	mode of dyle	ng, auch a	a cerdiec or reapir	atory ar	rest,	Approximate interval Between Onset and Death
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red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF IN	IJURY — At home, ferm, (Specify)		office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	ann)	SICIAN: To the best of my ER: On the bests of exam								end manner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1 S. PEHIN	LS, M.D.		29c. LICE	NSE NUMBE	R	29d. DAT	E SIGNED	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	Byilding,	T. 11	e Print) Kins	Hospit	nl,	Bultimore	MO	212	.05

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Pages 1, 2, 3 should permit. burial-transit attending physician. as the use jo detached 2 page 5 should funeral director, the filled in by 0 cremation and completely fig. 2 physician ne prior to attending parties Mental the signed by ti requires that to certificate has be this c

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH D. 01/85 IXON JR 0600 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR S. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 1 M 2 O YRS. 10 nd 9a, FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Deo ton DIRECTOR HI more ngivbad MARYLAND 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY n/a 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21205 **JEFFERSON** 2207 ST, E. UNITED STATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 HO Specify: 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 000 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4X X Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) LABORER n/a once. 17. FATHER'S NAME (First, Middle, Last, CHARLES D. 18. MOTHER'S NAME (First, Middle, Malden Surname) DIXON SR. CLEO PEOPLES 76 BE notified 190. INFORMANT'S NAME (Type/Print)
PALESTINE er or Aurel Aoute Number, City or Town, State, Zip Code)
FERSON ST, BALTIMORE, MD# 05 2 GRAY JEFFERSON 2207 E. e e 20a, METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complete). He Catory or MITE MICE R I A L 20c. LOCATION — City or Town, State must 1 Burlei 2 Cremation 3 | 1 4 Donation 5 Other (Specify) RANDALLSTOWN, MD PARK examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH FH.-1101 E.NORTH AVE. WM. the medical 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in deeth) SQUAMOUS CELL CARCINOMA OF PHARYNY GRONTA 4DVANCED event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL MALNUTRITION DIVISION OF VITAL RECOR any 1 TES 2 NO OF DEATH? Shows 1 TYES 2 TNO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO OTHER HOSPITAL OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) an. DATE OF INJURY marked, 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death BY 26s. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, Clib. or Town, State) .00 COMPLETED a Could not be 500 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and memor as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 PM MEDICAL EXAMINER: On the basis of examination and/or in on, death occured at the time, data and place, and due to the cause(a) and menner as stated 296. SICHATURE AND TITLE OF CERTY 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE C. wall D31136 JUNE 23, 1994 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C. WALLACE MD, 611 S. CHARLES ST., BALTIMORE MY 32. REGISTRAR'S SECNATURE JUN 2 7 1994

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	in 24 is after death. Page 6 may be retained by the hospital or attending obusician	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.	
CONTROL OF ALL AL CONTROL FOR BOY 80/80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24r.s after death. Page 6 may be retained by the hospital or attention physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	TATE OF MARYLAI	ND / DEPAR	ICATE	F HEALTH	AND MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DA	TE OF DEATH	. Ve	3. TIM	E OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S.	115					6/22	194		645P M
		M 2 D F	yrs. last birthday)	MONTHS D	AR # UNDER		TE OF BIRTH	8.6	BIRTHPLACE Country)	(State or Foreign
	9a. FACILITY NAME (If not institution, give street ar	nd number)	27	9b. CITY, TO	WN OR LOCATIO	ON OF DEATH	1/39	9c. COUNTY	OF DEATH	more
DIRECTOR	Seton Hill 1	Manor			Balti	more		Bal	to. C	ity
JEC.	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L					10d. II	ISIDE CITY
	MARYLAND		F	BALTIMO	ORE CIT	Y			Li	MITS?
FUNERAL	900 W. LEXINGTON ST	DEET ADT #	11		101. ZIP CODE			10g. CITIZEN	OF WHAT CO	OUNTRY?
SNE	11. MARITAL STATUS 12. V	MAS DECEDENT EVER IN U	S. ARMED	12 WM 0		1223	GIN? (Specify Yes o		SA.	
BY FI	1 Never Married 2 Married F	FORCES? 1 YES	2 XNO	If yo	s, specify Cuban	, Maxican, Puart Specify:	o Rican, etc.)	-	Black, White, Specify:	erican Indian, , etc.
	15. DECEMENT'S EDUCATION	y	Ba. DECEDENT'S	1101111 00011	^				10	ICCK
COMPLETED	(Specify only highest grade comple	eted) lege (1-4 or 5 +)	(Give kind of v life. Do NOT us	vork done durin	g most of working	9 1	6b. KIND OF BUSIN	iess/industi	RY	
MPI	10th GRADE		UNEMPLO	YED						
	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME (First	, Middle, Maiden Su	irname)		
BE	WALTER BROWN 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (St			GRAHAM mber, City or Town,			
2	REBECCA BROW						BALTIMO!			23
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Removal for		ACE AND DATE O	of DISPOSITIO				TION — City		
	4 Donation 5 Other (Specify)	Mr.	ZION CEM	ETERY	E AND ADDRES	6-28	3-94 BALT	MORE,	MARY	LAND
	· VII VAL	man		JOSI	EPH H.	BROWN J	R. FUNE			
	27 PART I. Enter the diseases, or compil	cetions that caused th	ne death. Do n	ot enter the	mode of dvin	LTIMORE	ST., B.	ALTIMO	RE, M	D.21223
1	IMMEDIATE CAUSE (Final	my one coose on each	i iine.				. a.co or respira	tory arrest,	in	tervai Between
	disease or condition resulting in death)	-NNG	CA	NC	ER					
,		DUE TO (OR AS A CO	ONSEQUENCE OF):						
TIOIT	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CO	INSEQUENCE OF	JENCE OF):						
-ICA	CAUSE (Disesse or injury	OUE TO COD AS A SE								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	INSEQUENCE OF):						
	PART II. Other significent conditions cont	tributing to death but	not requiting in	a the sender	ulas saus al	to Book !				
ICAL		installing to double but i	not resuming in	i tile under	ying ceuse gi	ven in Pert i.	24a. WAS AN AU PERFORME	E07	AVAILAB	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE
MED							1 TYES 2	(NO	OF DEAT	
ä										
PHYSICIAN:		SPITAL:		OTHER:		ATH (Check only				
ΉΥ		npatient 2 ER/Outpatie	28b. TIME	OF 28c	INJURY AT	Idenca 8 🗆 Oth	er (Specify) SCRIBE HOW INJI	IIBA OCCIBEI	D	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	44	WORK?			JAN GOOGHE		
□	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, term, st	reet, factory,	office	281. LO	CATION (Street and or Town, State)	Number or Ru	ral Route Nun	nber,
LET		- 100	-	V 20 - 20 - 10 - 10 - 10 - 10 - 10 - 10 -				~		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the control of the certifier of	o the beat of my knowledg he baala of axemination an	e, death occurred d/or investigation	d at the time,	date and place, a	and due to the co	euse(a) and manne	r an stated.	va-(a)d	
ш	290. SIGNATURE AND TITLE OF CERTIFIER					ISE NUMBER		9d. DATE SIGI		
TO B	Il Cuandal	uh du	an		120	9071		► 6. I	24,	94
	30. NAME AND ADDRESS OF PERSON WHO COME R. KRITHNAN, M	821 N	(ITEM 27) (Type,	tw s	7#	305 B	ALTIM	ONE	m	2-1201
	31. DATE FILEO (Month, Day, Year) 1994 3	2. PROJETRADO SIGNATURO SUMA DELLA SON	Andere							

21215-0020	
MARYLAND	
BALTIMORE,	
8760,	

DIVISION OF VITAL RECORDS, P.O. BOX 6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within the first death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
1	1. DECEDENT'S NAME (First, Midgle, Last) 2. DATE OF DEATH MONTH DAY YEAR. 3. TIME OF DEATH
- (4. SOCIAL SECURITY NUMBER 5. S. SEX B. AGE (In use lost historius) E. MINGE S. VEAR E. MINGE S. VEAR D. T. OATE OF DISTRICT.
1	21836-9644 1 1 M 2 M F 90 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Yber) 04 Country)
OR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 16d. INSIDE CITY
DIRECTOR	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
CNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No
BY FI	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 3 Wildowed 4 Divorced If Yes, GIVE WAR OR DATES If yes, specify: Black, While, alc. Specify:
	15. DECEDENT'S EDUCATION 194. DECEDENT'S USUAL OCCUPATION 196b. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)
MPI	1,111/1,216,
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Symmene) MARTHA BRVANT
BE (19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
유	EVAMAR WINDLEY 1417MC CULLON STRALTO Md 21217
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)
	4 Donallon 5 Other (Specify) Fin Tom ATT ARBYUS MEM PR 11 US 10 4 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
3	Joseph 15 - Lock & Lock Juneral Henry 1304h Central &
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on asch line. Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. probable myocard information (970)
	DUE TO (OR AS A CONSEQUENCE OF):
NO.	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) LAST
S	DADT II Other significant conditions contribution to death to the day.
CAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	1 VES 2 NO DF DEATH?
N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
HYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Rasidenca \$ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
TED 6	3 Suicide S Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, aic. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
E	29a. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
COMPLE	one) 2 MEDICAL EXAMINER: On the basis of azaminetion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.
i iii	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
10 B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	2323 orleans ST Baltime MDZ/ZZX
	31. DATE FILED (Month, Deyther) 32. (EgiSTRAR'S SIGNATURE

X

an.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

		TredioTrAiT			CENTIF	CALE	OI	DEATH	HEG. NO.			
		1. DECEDENT'S NAME (First, Middle, Lust) Lona Easter	Dodson						2. DATE OF OEATH	w 10	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER				and the same	-	1	June 24	, 19	94	3 P. M
		214 76 8901	1 M 2 XF	8.2	rs. last birthday) YRS.	IF UNDER 1	DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 / 2 / 11		Country)	ACE (State or Foreign
Sec.		Se. FACILITY NAME (If not institution, give at	met and number)			Oh CITY T	noway.	OR LOCATION OF DE			Ten	
3 should	DIRECTOR	2911 Bird Vie				9b. CITY, TOWN OR LOCATION OF DEATH Westminster			AIN	9c. COUNTY OF DEATH Carroll		
-	5	RESIDENCE OF DECEDENT										
sades	뿐	10e. STATE 10b. COUNTY	Carrol1		10c. CIT	Y, TOWN OR	LOCA	ATION			10	d. INSIDE CITY LIMITS?
physician, burial-transit permit, Pages 1, 2,							lestminster					YES 2 NO
8	ĭ.	10e. STREET AND NUMBER	_				- 10	of. ZIP CODE	_			T COUNTRY?
an. ransit	FUNERAL	2911 Bird Vie						2115			. A .	_
physician burial-trai	교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT FORCES? 1 [YES :	S. ARMED			CENDENT OF HISPAN pecify Cuben, Maxica	IIC ORIGIN? (Specify Year	or No -	14. RACE — Black, V	American Indian, /hite, etc.
	B	3 Midowed 4 Divorced	IF YES, GIVE WA					S 2X NO Specify			Whi	
r attending use as the	뎶	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16	le. OECEDENT'S	USUAL OCC	UPATI	ION lost of working	16b. KIND OF BUS	INESS/IND	USTRY	
tal or	ĹĒT	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT us	e retired.)		of or working				
retained by the hospital of Should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		H	lomema	ker			Но			
by the be dett	TO BE	Asa Barnard						18. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Seal				
buid t		19a. INFORMANT'S NAME (Type/Print)			10h MAII INC	ADORESS /	Ctmot		Poute Number, City or Town		0.41	
		Douglas Dodson	l		1				ttlestow			
leath. Page 6 may be funeral director, page xaminer must be		20s. METHOO OF DISPOSITION 1 💢 Buriel 2 🖸 Cremation 3 🗖 Remo		20b. PL	ACE AND DATE	OF DISPOSIT	ION /N	lame of	DATE 20c. LO	CATION —	City or Town	
0 0		4 Donation 5 Other (Specify)		Ear	tyerem Portoe					Syk	esvi	lle, Md.
a a a		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N/	AME A	ND AODRESS OF FA		D	7	71
. 0 = 0		P.O.Box 195 Sykesville, Md. 21784										
nours after d d in by the or removal, medical es		23. PART i. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallura. Liat only one cause on each line.										
E 0 E		IMMEDIATE CAUSE (Final disease or condition	/	L	1	-						Onset and Death
precuted within and completely filled build, cremation, build cremation, natic event, the		resulting in death)	DUE TO (DR AS A CC	INSEQUENCE OF	14						
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te be executi sician and c prior to buria traumatic	CERTIFICATION	Sequentially list conditions, if any, laading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF		20					
te death certificate be ex the attending physician a Mental Hygiene prior to Ijury, or other traumi	2	CAUSE (Disease or Injury										
h certificate anding physi Hygiene pri or other to	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
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that the deal led by the att th and Menta any Injury,	2	PART II. Other significant conditions	contributing to d	isath but	not rasulting i	n tha und	arlyin	ng cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINOINGS
that the ed by the th and Me any Inju	EDICAL	fortic	quen		ســـــــــــــــــــــــــــــــــــــ				PERFOR	MEDY	AV	AILABLE PRIOR TO OMPLETION OF CAUSE
sign Heal									1 □ YES 3	NO	Of	DEATH?
of sho	≥	DID TOBACCO USE C	ONTRIBUTE	TO C	AUSE OF	DEATH	I	ES NO	To 1		1	YES 2 NO
PHYSICIAN: The law req this certificate has been with the State Dept. of rked, or item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
IN: The ficate h State (Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatle	ent 3 🗆 DOA	OTHER:		me 5 🗆 Residenca				
SICIA certif h the	左 도	27. MANNER-OF DEATH	26a. OATE OF I	NJURY	26b. TJM	E OF 2	6c. IN.	JURY AT	26d. DESCRIBE HOW II	YJURY OC	CURED	
ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b s after death with the State Dept 1 28 is marked, or item 23	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	y, 10ar)	INJ	M		ORK? YES 2 NO				i
NDIN R: Afte ar dea is m	ED B	3 Suicide 6 Could not be	26a. PLACE OF building, a	INJURY — tc. (Specify)	At home, farm, s	treef, factor	y, offic	Ca	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETE	4 Homicide datermined							Ony or rown, States			
TAL OR A AL DIREC 72 hours ## item	7	(Check only one)	CIAN: To the best of n	ny knowledç	ge, death occurre	d at the tim	e, date	e and place, and due	to the cause(a) and man	ner as stat	led.	
TO THE HOSPITAL (TO THE FUNERAL D DE filed within 72 h IMPORTANT: If It	COMPLET	MEOICAL EXAMINER	R: On the baels of axe	mination ar	nd/or Investigatio	n, in my opi	nion,	death occured at the	time, date end place, an	d due to th	e cause(a) ar	nd menner ee stated.
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER		A14.		, .		29c. LICENSE NUN	IBER	29d. DAT	E SIGNEO (M	thth, Day, Year)
6 6 8 X	OT OT	NO NAME AND ADDRESS OF DEPOS	100	PHY	SICIAN	4		PM	124	6	1241	84
		NAME AND ADDRESS OF PERSON WHO	CVD _ </td <td>OF DEATH</td> <td>SALTE</td> <td>TP (</td> <td>A 1</td> <td>N = 11</td> <td>MSBW</td> <td>1</td> <td>04</td> <td>21010</td>	OF DEATH	SALTE	TP (A 1	N = 11	MSBW	1	04	21010
-		31. DATE FILEO (Month, Day Year)	32. REGISTRAR	'S SIGNATO		- 1-01		1 1 1	70-01-5012	7	. AD .	SAM
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN DAY 23 YEAR 94 WILLIE S. EDWARDS 9:10 6 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 18 5958 1 📈 M 2 🗌 F 7/ 12 G VIR use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATN HOSPITAL Bon SECOURS DIRECTOR BACTI'M ORE City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto 1 VES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE WNAT COUNTRY? 10g. CITIZEN OF 2313 Ruskin Ave 21217 attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g 0 Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for 10th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Car Edwards notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street 9 ber or Rural Route Number, City or Town, Steta, Zip Code) Ruskin Ba HU red 212 9 20a. METHOD OF DISPOSITION
1 Description | Method | Metho 20b. PLACE AND DATE OF DISPOSITION (Name of G28/94 must director, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY the funeral F. H. Wea 2/2/1 warba lte medicai 23. PART t. Enter the diseases, Dr complicatione that caused the death. Do not enter tha mode of dying, such as cardiec or reapiratory arrest, filled in by Approximate shock, or haert failure. List only one cause on each line. interval Batween 9 IMMEDIATE CAUSE (Finsi Onset and Death the cremation, ASPIRATION disesse or condition completely resulting in death) or other traumatic event, PUE TO (OR AS A CONSEQUENCE OF): certificate that signed by the attending physician and con the State Dept. of Health and Mental Hygiene prior to burial. DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events rasulting in death) LAST item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT: If item 28 is marked, or I 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 Netural ВУ 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner as stated. mination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end manner as stated. 29b. SIGNATURE AND THEE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE LICENSE NUMBER 175 3 6-23.9 2 30. NAME AND ADDRESS OF PERSON WHO COM PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) MOUNT Royal tre

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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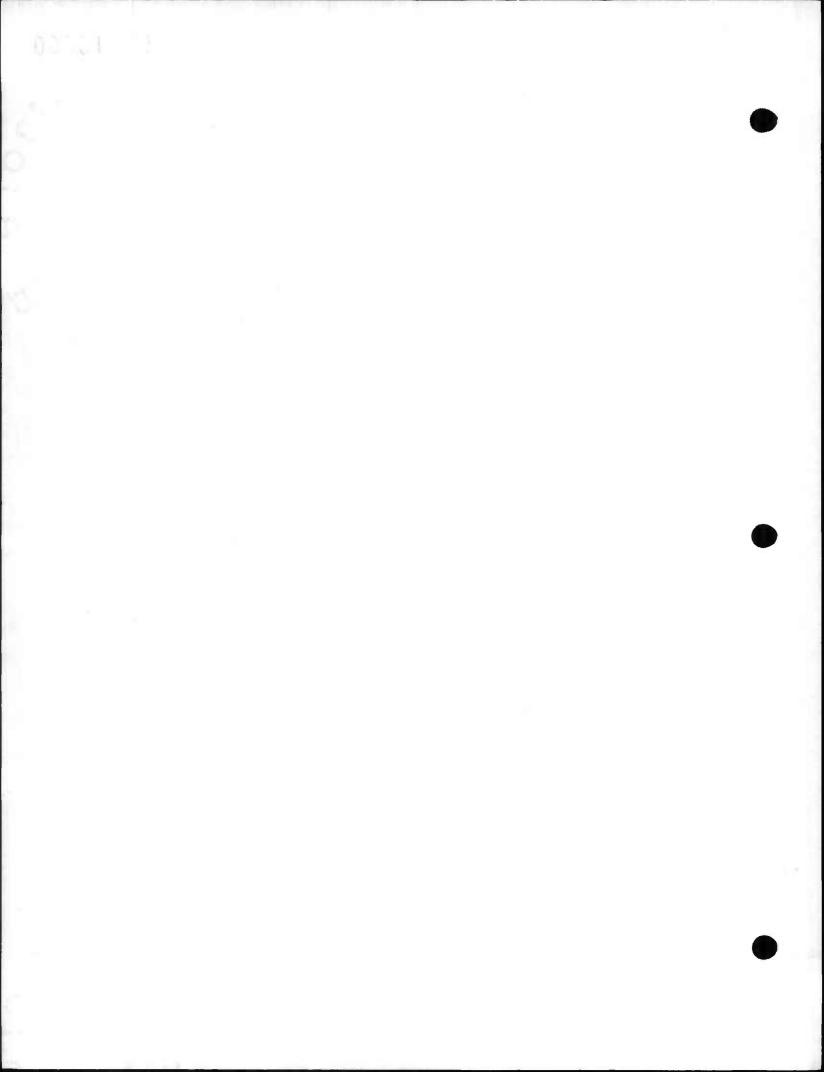
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTI	FICATE	OF D	PEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Victor G.	Fruhling					2. DATE OF DE MONTH 06 2.	DAY	YEAR	3. TIME OF DEATH 2:00 A		
	4. SOCIAL SECURITY NUMBER 214 18 1959	111	GE (In yrs. last birthda)	MONTHE		F UNDER 24 HRS, HOURS MIN.	7. DATE OF BI	ятн Убег) 21	Coun	HPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
TOR	2129 Southorn F		Mic	ldle	River		В	altim	ore			
EG	10a. STATE 10b. COUNT						10c. CITY, TOWN OR LOCATION					
	100, STREET AND NUMBER		Middle River				t ☐ YES					
FUNERAL DIRECTOR	2129 Southorn F		101. ZIP CODE 21220				10g.	USA	WHAT COUNTRY?			
B	tt. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	ER IN U.S. ARMED ES 2 NO R DATES	B 2 □NO If yes, s DATES 1 □ YE			ECENDENT OF HISPANIC ORIGIN? (Specify V specify Cuban, Maxican, Puarto Rican, etc.) ES 2 X NO Specify:			pa or No— 14. RACE — American Indian, Black, Whita, etc. Specity: White			
율	t5. DECEDENT'S EDL (Specify only highest grade	CATION completed)	16a, DECEDENT (Give kind o	CEDENT'S USUAL OCCUPATION we kind of work done during most of working				OF BUSINESS	S/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)		(Give kind of work done during most of working life. Do NOT use retired.) Mechanic			Local #37						
	17. FATHER'S NAME (First, Middle, Lest) Ferdinand Otto		18. MOTHER'S NAME Catheri				E (First, Middle, Maiden Surname) .ne ?					
TO BE	19a. INFORMANT'S NAME (Type/Print) Lillian Irene F					MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 129 Southorn Road Balto., md. 21220						
	20a, METHOD OF DISPOSITION t _XBurlai 2 _ Cremation 3 _ Rem 4 _ Donation 6 _ Other (Specify)	20b. PLACE AND DAT cemetery, crematory of	ATE OF DISPOSITION (Name of OATE 20					c. LOCATION — City or Town, State Dundalk, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	HOLY ROS	1 22. N/	ME AND	ADDRESS OF FA	CILITY			J.		
	▶ Chales	D. Jule				s S.Zei astern						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line.											
	immediate cause (Final disease or condition resulting in death) A cute in the cerebral hemorrhage											
	resulting In death) OUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, D. OUE TO (OB AS A CONSEQUENCE OF).											
CERTIFICATION	oue to (or as a consequence of): fi any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
Ě	CAUSE (Disease of Injury That Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CER	d											
	PART II. Other significant condition	erlying c	ause given in	Part I. 24a.	WAS AN AUTO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
EDICAL	- Re wiren Fo					1 - YES 2 NO		COMPLETION OF CAUSE DF DEATH?				
PHYSICIAN: MI	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\tau \) NO \(\tau \)											
NAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
YSIC	TO YES 2 NO THER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
ВУ РН	27. MANNER OF DEATH Natural 5 Pending Natural Investigation	ME OF JURY AT WORK? M t YES 2 NO			28d. OEŞCRIBI	28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 6 Could not be 4 Homicide detarminad	, street, factor	treet, factory, office 28t. LOCATION (St. City or Town, S			(Street and Nu	reet and Number or Rural Route Number, tate)					
PLE												
COMPLETED	one) 2 MEDICAL EXAMIN											
8	29b. SIGNATURE AND TITLE OF CERTIFIC		29c. LICENSE NUMBER D0 763 2 D0 ~2			D (Month, Day, Year)						
은	J. CROSSAN O DUNOVAN, 2112 DUNDALK AVE. BALTO MD 2122											
	JUN 2 7 1994	32. REGISTRAR'S S	IGNATURE	-								
	- 6	Start and de	Plant Company							A19.01.00		



FOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Iteml 7-8-94 FilmG713 W.h.per F/H " " TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 9 YRS. NC	Balt TOWN OR LOCAT LIMOTE 101 13. WAS DEC If yea, sp 1	2121 CENDENT OF HISPAN Decity Cuban, Maxicas 3 2 NO Specify	June 2 7. DATE OF BIRTH (Month, Day, Year) 0 1 / 0 7 / 1 9 ATH IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	35 SO 9c. COUNTY O 10g. CITIZEN O U.S 6 or No 14. R, 8	ATHPLACE (State or Foreign unity) DITH CATO FORATH 10d. INSIDE CITY LIMITS? 1 X YES 2 NO DF WHAT COUNTRY?						
R IN U.S. ARMED ES 2 NO ROATES 18e. DECEDENT'S US (Give kind of work life. Do NOT use in	Balt TOWN OR LOCAT 101 13. WAS DEC 11 YES SUAL OCCUPATION 18 done during motified.)	HOURS MIN. OR LOCATION OF DE L'IMOTE TION II. ZIP CODE 21 21 CENDENT OF HISPAN Maxica. S 2 NO Specify	7. DATE OF BIRTH (Month, Day, Year) O 1 / O 7 / 1 9 ATH IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	35 SO 9c. COUNTY O 10g. CITIZEN O U.S 6 or No 14. R, B	PRTHPLACE (State or Foreign unity) Dith Carol FOEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 NO DF WHAT COUNTRY?						
10c. CITY, T Balt R IN U.S. ARMED ES 2 NO R OATES 18e. DECEDENT'S US (Give kind of word life. Do NOT use n	Balt TOWN OR LOCAT 101 13. WAS DEC 11 YES SUAL OCCUPATION 18 done during motified.)	HOURS MIN. OR LOCATION OF DE L'IMOTE TION II. ZIP CODE 21 21 CENDENT OF HISPAN Maxica. S 2 NO Specify	(Month, Day, Year) O 1 / O 7 / 1 9 ATH IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	35 SO 9c. COUNTY O 10g. CITIZEN O U.S 6 or No 14. R, 8	10d. INSIDE CITY LIMITS? 1 W YES 2 NO DF WHAT COUNTRY?						
F IN U.S. ARMED B OATES 180. DECEDENT'S US (Give kind of work life. Do NOT use in	b. CITY, TOWN (C Balt TOWN OR LOCATED TOWN OF	OR LOCATION OF DE L'IMOTE TION 11. ZIP CODE 2121 CENDENT OF HISPAN Maxica: 3 2 NO Specify ON	0 1 / 0 7 / 1 9 ATH IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	35 SO 9c. COUNTY OF 10g. CITIZEN O U . S 6 or No 14. R, B	10d. INSIDE CITY 1 M YES 2 NO DE WHAT COUNTRY?						
Balt R IN U.S. ARMED ES 2 NO BOATES 18e. DECEDENT'S US (Give kind of work lifts. Do NOT use n	Balt TOWN OR LOCAT LIMOTE 101 13. WAS DEC If yea, sp 1	TION M. ZIP CODE 2121 CENDENT OF HISPAN beefty Cuban, Maxlea. 3 2 NO Specify	1 IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	10g. CITIZEN O U . S 6 or No 14. R, B	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?						
Balt R IN U.S. ARMED ES 2 NO R OATES 18e. DECEDENT'S US (Give kind of work ifte. Do NOT use n	100 I 13. WAS DEC If yea, sp 1 YES	TION 11. ZIP CODE 2121 CENDENT OF HISPAN Decity Cuban, Maxicas 3 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	U . S	1 X YES 2 □ NO OF WHAT COUNTRY?						
Balt R IN U.S. ARMED ES 2 NO R OATES 18e. DECEDENT'S US (Give kind of work ifte. Do NOT use n	13. WAS DEC	2121 CENDENT OF HISPAN Decity Cuban, Maxicas 3 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	U . S	1 X YES 2 □ NO OF WHAT COUNTRY?						
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R IN U.S. ARMED ES 2 NO 8 OATES 18e. DECEDENT'S US (Give kind of work life. Do NOT use n	13. WAS DEC	2121 CENDENT OF HISPAN DECTY Cuban, Maxical 3 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	U . S	F WHAT COUNTRY?						
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18e. DECEDENT'S US (Give kind of work life. Do NOT use in	If yea, sp 1 — YES SUAL OCCUPATION the done during more tired.)	CENDENT OF HISPAN pecify Cuban, Maxica 3 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 14. R.							
18e. DECEDENT'S US (Give kind of work life. Do NOT use in	If yea, sp 1 — YES SUAL OCCUPATION the done during more tired.)	pecify Cuban, Maxica 3 2 NO Specify	n, Puerto Ricen, etc.)	В							
18e. DECEDENT'S US (Give kind of work life. Do NOT use n	SUAL OCCUPATION to done during more during durin	ON	r.		ACE — American Indian, llack, White, atc.						
(Give kind of work life. Do NOT use n	k done during mo retired.)	ON ost of working		Sı	pecify:						
(Give kind of work life. Do NOT use n	k done during mo retired.)	net of working	16b. KIND OF BU	SINESS/INDUSTR	White						
Homema	ker	ost or working									
		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)							
		Made	7 1	Bowen							
19b. MAILING AC	DORESS (Street a	and Number or Rural F			Maryland						
1400	Weld	on Plac	e South,	Baltim	ore 2121						
20b. PLACE AND DATE OF I				CATION — City of							
cemetery, cremetory or other Woodlawn	r place)		1								
WOOdlawii		NO AGORESS OF FA		odlawn	Maryland						
Burgee-Henss Funeral Hom											
20. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as canock, or heart failure. List only one cause on each line.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Language Consequence of the consequence											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chama Obstantia Completion of Comple											
CAUSE OF I	DEATH Y	YES NO	10 1.00	of	1 YES 2 NO						
		LACE OF DEATH (Ch		icon							
	THER:										
TY 28b. TIME O		ne 5X Residence	28d, DESCRIBE HOW	IN HIRY OCCUPED							
r) INJUR	Y WC	YES 2 NO		JOOUTE D	9						
JRY — At home, term, stra			281. LOCATION (Street and Number or Rural Route Number,								
B Suicide 8 Could not be detarmined 286. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 286. DCATION (Street and Number or Ruccity or Town, State)											
94 CEDTIFIED											
CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as state											
		29c. LICENSE NUM	MBER	29d. DATE SIGN	NED (Month, Day, Year)						
)	O C M	E	Jur	ne 23 1994						
tition and/or investigation, i	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of place of the cause of										
T	i. MaD	MeATH (ITEM 27) (Type, Print)	DEATH (ITEM 27) (Type, Print)	29c. LICENSE NUMBER O. C. M. F. DEATH (ITEM 27) (Type, Print) 111 Penn Street Baltimore Ma	29c. LICENSE NUMBER 29d. DATE SIGN						

ICED 1 at

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	Ext. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.
4		y filled	tion,
IVISION OF VITAL RECORDS, P.O. BOX 68760	# ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dorothy Anna Foote 06 soro hu 22126 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS IRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year)
JULY 14, 1 - M 2XX DAYS HOURS YRS. 213-01-5406 73 1920 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ARNOLD 1 TES ZX NO FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 305 COLLEGE PARKWAY 21012 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES ВҮ 1 TES 2 NO Specify % Widowed 4 ☐ Divorced WHITE COMPLETED 15. DECEDENT'S EOUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 10 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE WEINNINGER LOUISE MERY BARRY HENRY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2219 CLOVILLE AVENUE BALTIMORE, MD. 21214 MITCHELL ROBERT FOOTE 9 20a. METHOO OF DISPOSITION

1 Serial 2 Cremation 3 Removal Irom State

ALL Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must lery, cramatory or other place)
BALTIMORE NATIONAL 6/27/94 BALTIMORE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RUCK TOWSON FUNERAL HOME INC. Clar JOHN E. DOLAN 1050 YORK ROAD TOWSON, MD. 21204 medical 26. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or reapiratory errest, Approximata ahock, or haart fallura. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death the disease or condition_ anous event, reaulting in death) OUE TO (QB AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially llat conditiona. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE ALITOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? item 23 shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Q Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 AO 10 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Maturel 5 Pending 1 YES 2 NO BY 2 Accident Investigation 25s. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 28I, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide tom 28 is MPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND UTLE OF CRETIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 38440 (Cal 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last) $GEORGE$	(.). 66	EENE			2. DATE OF DEATN MONTH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-10-6802 99. FACILITY NAME (If not institution, give ste	5. SEX 6. AGE (n yrs. lest birthday) IF MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 20,	1910 I	BIRTHPLACE (State or Foreign Country) Pennsylvania			
DIRECTOR	St. Agnes Hospital RESIDENCE OF DECEDENT 104. STATE 105. COUNTY			Baltim		EATN	9c. COUNTY				
	Maryland 100. STREET AND NUMBER		Balti					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	117 South Tremont		8/2		21229			USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe-		NIC ORIGIN? (Specify) sn, Puarto Rican, etc.) y:	fee or No — 14.	RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ref	done durina mos	of working	16b, KIND OF B	USINESS/INDUST	FRY			
COMP	17. FATNER'S NAME (First, Middle, Lest)		Locker Ro	oom Att		Woodho		ntry Club			
BE	John Edward Green 190. INFORMANT'S NAME (Typo/Print)	ie	19b, MAILING ADD	ORESS (Street an	Eleno.	Ca. Route Number, City or Ti	own State Zin Cou	na)			
5	Faye Young				t Road			and 21229			
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE OF DI etery, cremetory or other p butus Memo	nlace)		DATE 20c. I	OCATION — City	or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral. Homes, I 2501 Gwynns Falls Parkway Baltimore, Maryland 21216										
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ASPIRA DUE TO (OR AS A	TION F	NEUN	10 NITL	۷	piratory arreat	Approximata interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST B. MULTI INFARCT DEMENTIA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions PONTINE INF. H7W CRF	II. Other algnificant conditions contributing to death but not resulting in the underlying cause PONTINE INFARCT POLYMYALGIA RHHTW						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ST NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	101	26. PL/	CE OF DEATH (C)	eck only one)					
HYS	1 U YES 2 NO 27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME OF	28c. INJU	RY AT	8 Other (Specify) 28d, DE\$CRIBE NOW	INJURY OCCUR	ED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K7						
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. CCATION (Street and Number or Rural Roc City or Town, State)										
COMPLETED		ZIAN: To the best of my knowl						use(a) and manner as stated,			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Raja MS			29c LICENSE NU DQ 75	MBER 4	29d. DATE SI	QNED (Morth, Day, Year) 20194			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		0	\			/			
	AAII M I 100 .	/									

DALLINORE, MARILAND	burs after death. Page 6 may be retained by the hos	med in by the funeral director, page 5 should be detache ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely nived in by the funeral director, page 5 should be detache telled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAN	ND / DEPARTME				GIENE G. NO.					
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH		3. TIME OF DEATH			
Virginia Gross				06	23	94	12:24 Pm			
The second secon	yrs. last birthday) IF UI	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR	(TH Year)	8. BIRTH	PLACE (State or Foreign			
214-44-6061 1 M 2 X F 4	+9 YRS.			2-14-1			LAND			
FRANCIS SCOTT KEY RESIDENCE OF DECEDENT 106. STATE MARYLAND	90.0		ORE CIT		92. CO	UNTY OF D	EATH			
10a. STATE 10b. COUNTY	10c. CITY, TOV	WN OR LOCATIO	ON.				10d. INSIDE CITY LIMITS?			
MARYLAND		BALTIN	ORE CIT	Y			1 X YES 2 NO			
10. STREET AND NUMBER 2529 W. NORTH AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES		101.	ZIP CODE		10g. CI		VHAT COUNTRY?			
2529 W. NORTH AVENUE			2121			USA.				
11. MARITAL STATUS 1 A Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spec	NDENT OF HISPAN offy Cuban, Maxican NO Specify	n, Puerio Ricen, I		14. RACE Black Speci BLAC				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S USUA (Give kind of work d			16b. KIND	OF BUSINESS/IF					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Oth GRADE 17. FATHER'S NAME (First, Middle, Last)	ille. Do NOT use retin	red.)	or working							
9th GRADE	UNKNOWN									
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA							
RAYMOND GROSS			MARY	LEE	CRAWFO					
GLORIA TILLERY	2628 E.						AND 21213			
1X Burial 2 Cremation 3 Removal from State	PLACE OF DISPOSITION of their place)				RAITIM		wn, Stata MARYLAND			
21. SIGNATURE OR FUNERAL/SERVICE LICENSEE	T ZIUN CI	22. NAME AND	ADDRESS OF FA	CILITY		_				
Mouna	-	JOSEPI	H H. BRO	WN JR.			E, P.A. E, MD. 2122			
MMEDIATE CAUSE (Final disease or condition resulting in death) a. Chronic Re DUE TO (OR AS A C Sequentially list conditions, if any, leading to immediate	ONSEQUENCE OF):	re - C	ardiac A	Arrest			Onset and Deati			
CAUSE (Disease or injury C.	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other aignificant conditions contributing to death but 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	t not resulting in the	e underlying	cause given in	3	WAS AN AUTOPS PERFORMED? YES 2 X NO	Y 24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL		26 PL	CE OF DEATH (Ch	eck only one)						
EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpati		HER:	5 Rasidence		n Affires					
27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME OF	26c, INJU	RY AT		HOW INJURY C	CCURED				
	INJURY	M 1 Y	IK? ES 2 NO							
3 Suicide 6 Could not be detarmined detarmined		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination a							a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. D.	ATE SIGNED	(Month, Day, Year)			
1. D. Jamary, M.			D12052		•	06-2	4-94			
J. B. Zachary, M.D., Johns Hopl	kins Bayvi		dical Ce	nter, B	altimo	re, M	D 21224			
31. DATE FILED (Month, Day, Year) JUN 2 7 1994 Julia Davidos	TURE And W						- 4			

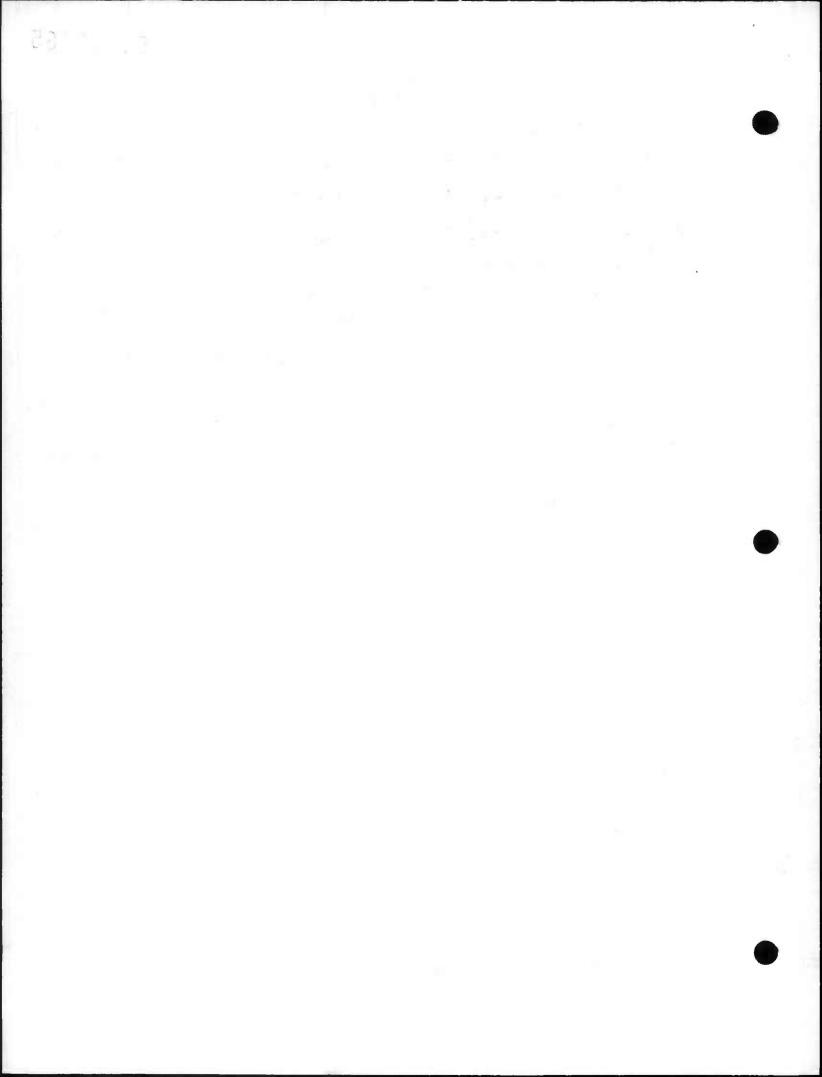


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. About a fee feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			JE OF BEATT	2. DATE OF DEATH	3. TIME OF DEATH
	Mary MAR	GARIT HA	ALL		6/20/94 DAY	YEAR 10:05 am. M
		5. SEX 8. AGE (In yrs. le		DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	2818 20 218	1 - M 2X F 76	YRS. MONTH		(Month, Day, Year)	Country)
	9a. FACILITY NAME (If not institution, give stree	at and number		TTY TOWN OF LOCATION OF	1147 37 1918	
DIRECTOR	- 11c C	VARI HOSPIT	AL SO. C	ROSSOALS		altimore
<u> </u>	10a. STATE 10b. COUNTY	See a la granda	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY
	MARY AM BALT	Timore	10	RNLY		t Yes 2 NO
	10e. STREET AND NUMBER	111		tor. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
B)	302L FIETH	Ave		2122	1	0211
FUNERAL	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or No-	- 14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 K	NO	If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puarto Rican, etc.)	Black, White, atc.
B	3 Widowed 4 Divorced	" TEO, OTTE THAT OTTENIES	-	T TES 2 M NO Spec	ny.	Specify:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		ECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KINO OF BUSINESS	INDUSTRY
Ei			le. Do NOT use retire			
PE	12785.	22	LF IM	2 -OWOSR	BEAUTY	SALON
ő	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Meiden Surnam	
BE C	ARCHIS THO	mPson		MARY	MARITARE	CROUS
	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADDR	ESS (Street and Number or Rural	Route Number, City or Town, State	
2	CRISO E HALL		30Ah F	FTH AM	CAROLY.	MARYLAM
	20a, METHOD OF DISPOSITION		AND DATE OF DIS		OATE 20c, LOCATION	- City or Town, State
- 1	1 ☐ Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	ral trom State	rematory or other pla		6-23 Ross DI	makeral 24
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AND ADDRESS OF F	ACILITY -	11000
33	100 13				TOELJEWORI	3.5
	March 45 NO			8800 HARF	DRO KORO -F	ARKVIUS
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lis	mplications that caused the distributions that cause on each lin	leath. Do not en le.	ter the mode of dying, su	ch as cerdiac or respiratory	arrest, Approximate interval Between
- 4	IMMEDIATE CAUSE (Finel	1				Onset and Death
	diseese or condition resulting in death) a	Anoxic encepha	alopathy			
		OUE TO (OR AS A CONSI				
Z	Sequentially list conditions, b.	Myocardial in				•
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO JOR AS A CONSE				
2	CAUSE (Disease or Injury	Ventricular f:		ion		
E I	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):			
CERTIFICATION	d					
ALC	PART ii. Other significant conditions	contributing to death but not	resulting in the	underlying ceuse given in	Part I. 24s. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDINGS
5	Hypertension				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					1 □ YES 21€100	OF DEATH?
Σ					_	1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			DE DI ACE DE DESERVE	hast sets seed	
[[EXAMINER?	HOSPITAL:	ОТН			
	1 1 1 1 1 1 1 2 2 X NO 1 1 1	MXInpatient 2 - ER/Outpatient	_	Nursing Home 5 - Residence		
₹		284 DATE OF IN ILLIEV		28c. INJURY AT	28d. OEŞCRIBE HOW INJURY	OCCURED
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK?		
BY	27. MANNER OF DEATH 1 M Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	1 YES 2 NO		
BY	27. MANNER OF DEATH 1 SQ Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At h building, etc. (Specify)	INJURY	1 YES 2 NO	28t. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	(Month, Dey, Yeer) 28e. PLACE OF INJURY — At h building, etc. (Specify)	INJURY N	1 YES 2 NO	City or Town, State)	
BY	27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 27. MANNER OF DEATH 5 Pending 6 Could not be determined	(Month, Dey, Yeer) 28s. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d	nome, farm, street,	1 YES 2 NO	City or Town, State) e to the cause(a) and menner as	stated.
BY	27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 27. MANNER OF DEATH 5 Pending 6 Could not be determined	(Month, Dey, Yeer) 28s. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d	nome, farm, street,	1 YES 2 NO	City or Town, State) e to the cause(a) and menner as	
COMPLETED BY	27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 27. MANNER OF DEATH 5 Pending 6 Could not be determined	(Month, Dey, Yeer) 28s. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d	nome, farm, street,	1 YES 2 NO	e to the ceuse(s) and menner as time, data and place, and due t	stated.
BE COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Dey, Yeer) 28s. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d	nome, farm, street,	1 YES 2 NO lactory, office let time, date and place, and du ny opinion, death occured at ih	e to the ceuse(s) and menner as time, data and place, and due t	stated. to the cause(s) and manner as stated.
COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF BERSON WHO	(Month, Day, Year) 28a. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d On the basis of examination and/or	INJURY Monome, farm, street, steeth occurred at the first factor of the	1 YES 2 NO lectory, office et time, date and place, and du ny opinion, death occured at ih 29c. LICENSE NU	e to the cause(a) and menner as a time, data and piaca, and due to the cause(a) and menner as a time, data and piaca, and due to the cause and piaca, and piac	stated. To the cause(a) and manner as stated. DATE SIGNED (Month, Day, Year) 6-20-94
BE COMPLETED BY	27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident 5 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CONTROL OF CERTIFIER 31. NAME AND ADDRESS OF PERSON WHO CONTROL OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 31. NAME AND ADDRESS OF PERSON WHO CONTROL OF CERTIFIER	(Month, Day, Yber) 28a. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d on the basis of examination and/or completed cause of pearth (ITI D. 9000 Frankl:	JANUARY M Joome, farm, street, Jeath occurred at the remeatigation, in n EM 27) (Type, Print) in Squar	1 YES 2 NO lectory, office et time, date and place, and du ny opinion, death occured at ih 29c. LICENSE NU	e to the cause(a) and menner as a time, data and piaca, and due to the cause(a) and menner as a time, data and piaca, and due to the cause and piaca, and piac	stated. To the cause(a) and manner as stated. DATE SIGNED (Month, Day, Year) 6-20-94
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF BERSON WHO	(Month, Day, Year) 28a. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d On the basis of examination and/or	JANUARY M Joome, farm, street, Jeath occurred at the remeatigation, in n EM 27) (Type, Print) in Squar	1 YES 2 NO lectory, office et time, date and place, and du ny opinion, death occured at ih 29c. LICENSE NU	e to the cause(a) and menner as a time, data and piaca, and due to the cause(a) and menner as a time, data and piaca, and due to the cause and piaca, and piac	stated. To the cause(a) and manner as stated. DATE SIGNED (Month, Day, Year) 6-20-94



Item # 1,12,13 film # G 712 06-27-94 N.A. Per Funeral Home

		GISTRAR	-1 Add-d		1	CERTIF	FICATE	OF HEALTH A		REG. NO.			
	17		pex	h. //	brack	4		edgespet			YY '	YEAR	TIME OF DEAT
	219-	280 4	191	5. SEX 1 M 2 1		yrs. last birthday)	MONTHS	DAYS HOURS	MIN. (Moi	E OF BIRTH oth, Day, Year)	32	Country)	ACE (State or Fo
TOR.	13	- 11	~8rc	1/1	+-		9b. CITY, 1	Balt:			9c. COUNT	Y OF DEA	тн
DIRECTOR	10a. ST	ATE AD	10b. COUNT	TY			TY, TOWN OR Balti			N. E	10d. INSIDE CITY LIMITS? 1 YES 2		
FUNERAL	10a, ST	1701		7 Pl. a	pt. 4	26	W A	10f. ZIP CODE 212	17		10g. CITIZE	USA	AT COUNTRY?
ВУ	TANK N	ITAL STATUS over Merried 2 [Idowed 4 Di	_		DENT EVER IN U 1 M YES WAR OR DATE	2 [NO	11	AS DF ENDENT OF Apolity Cuban,			or No- 14	A. RACE - Black, \	- American India White, etc. Black
PLETED	Elen		ECEDENT'S EDI only highest grad (0-12)			(Give kind of life. Do NOT L	work done du	UPATION ring most of working	16	Euth	ness/indus		ch
E COMPL	17. FATH	AISKO	Middle, Last) THE	dgespe	th					, Middle, Maiden Si	Sumame)	CITA	
TO BE	190, INF	ormant's NAME Salee	Smith	L.		195. MAILING 1504	G ADDRESS (Street and Number of	Rurel Route Nul od Ba	mber, City or Town.	, State, Zip Co	212	16
	20a. METHOD OF DISPOSITION 1 Durisl 2 Fremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Comparing Officer Methods) Officer (Specify) 20c. LOCATION - City or Town, Comparing Officer (Specify)												
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE James A. Morton & Sons Funeral 1701 Laurens St.												
	•	1Ames	A. Mo	atow d				James A	. Mor	St.			neral
NO	23. PA IMMEE disess resulti	RT I. Enter the shock, or DIATE CAUSE (Fe or conditioning in death)	A, Mo diseases, or heert failure.	complications to List only one of DUE	that caused to cause on each to come as a communication to come as a communication to commu	the death. Do	not enter ti	James A	. Mor urens	St.			Approxim Interval B
ERTIFICATION	23. PA IMMEL disess resulti Seque if sny, cause. CAUS: that in	RT I. Enter the shock, or DIATE CAUSE (Fe or condition	A , Mo diseases, or heert failure. Final ilitions, hedista YING	complications to List only one of the DUE	that caused the cause on each to lor as a control or a contr	the death. Do	not enter the property of the	James A 1701 La ne mode of dying	. Mor urens	St.			Approximation interval B
: MEDICAL CERTIFICATION	23. PA IMMET disess resulti Seque if sny, cause. CAUSI that in	RT i. Enter the shock, or DIATE CAUSE (Fe or conditioning in death) Intisity list conditioning in death) Intisity list conditioning to Immerity UNDERLE (Disease or in Itiated events in gin death) LA	A , Mo diseases, or heert failure. Final illitions, hedista YING jury LIST	compilestions to List only one of the List on	that caused the cause on each transfer of the cause on each transfer on the cause of the cause o	the death. Do th line. S CONSEQUENCE CO	not enter the property of the	James A 1701 La ne mode of dying	. Morurens	St.	MITOPSY MED?	24b. W	Approxim Interval B Onset and Onset and ERE AUTOPSY FI MILABLE PRIOR MILABLE PRIOR F DEATH?
MEDICAL	23. PA IMMET disess resulti Seque if sny, cause. CAUSI that in resulti PART	RT I. Enter the shock, or DIATE CAUSE (Fe or condition in death) Intistity liet cond leading to limme Enter Understanding to limit (Disease or In Itiated events in death) LA	A Mo diseases, or heert failure. Final dittions, hedista YING jury asT	complications to List only one contributing HQSPITAL:	that caused the cause of the ca	the death. Do th line. S CONSEQUENCE CO	not enter the property of the	James A 1701 La 1701 L	Morurens , such as ca en in Part i.	St. rdiac or respira	MITOPSY MED?	24b. W	Approximinterval Bionaet and Onset a
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D BY PHYSICIAN: MEDICAL	23. PA IMMEE disess resulti Seque if smy cause. CAUSI thet In resulti PART 25. WAS EXU 1 27. MAN 1 3	RT i. Enter the shock, or DIATE CAUSE (Fe or condition in death) "Intisity liet cond leading to immere Enter UNDERLE (Disease or in Itiated events in death) LA III. Other signification of the condition of the c	A Mo diseases, or heert failure. Final dittions, hedista YING jury asT	complications to List only one contributing b. DUE c. DUE d. DUE d. HOSPITAL: 1 Inpatient 26e. DATE (Month)	that caused the cause on each cause of the cause of t	the death. Do th line. S CONSEQUENCE CONS	OF): OF): OF): OF): OTHER: 4 Nurair ME OF JURY M	James A 1701 La 1701 La 180 mode of dying Stripping cause give 26. PLACE OF DEA 180 modes 26. PLACE OF DEA 180 modes 26. PLACE OF DEA 180 modes 180 m	en in Part i.	24a. WAS AN AN PERFORM 1 YES 2	AUTOPSY MED? JURY OCCUI	24b. W A A A A A A A A A A A A A A A A A A	Approximinterval B. Onset and
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1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AT	MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	+ 11		2. DATE OF DEATH MONTH DAY JUNE 22	YEAR 3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 302-03-8316 99. FACILITY NAME (# not institution, give	1 🗆 M 2 💢 F	7.8 YRS. MO	UNDER 1 YEAR F UNDER 24 HOURS N	PS. 7. DATE OF BIRTH (Month, Day, Year) July 6, 1915	BIRTHPLACE (State or Foreign Country) Kentucky C. COUNTY OF DEATH					
Carroll County (Westminste		Carroll County					
10a. STATE 10b. COUN	roll County	toc. CITY, TO	WN OR LOCATION	oodbine	10d, INSIDE CITY LIMITS? t YES 2 X NO					
10e. STREET AND NUMBER			101, ZIP CODE		g. CITIZEN OF WHAT COUNTRY?					
5214 Woodbie It. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	2 Road 12. WAS DECEDENT EVER IF FORCES? 1 Tyes, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF H	21797 ISPANIC ORIGIN? (Specify Yea or laxican, Puerto Rican, etc.)	U.S.A. No 14. RACE - American Indian, Black, White, atc. Specify: White					
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		tee. DECEDENT'S USU (Give kind of work life. Do NOT use red HOMEM	done during most of working fred.)	166. KIND OF BUSINE	omestic					
t7. FATHER'S NAME (First, Middle, Last)				S NAME (First, Middle, Maiden Surr						
(Unknown) 19a, INFORMANT'S NAME (Type/Print)	Но	19b. MAILING ADI		izabeth Bro						
Mr. Ralph Hill			odbine Road							
20s, METNOD OF DISPOSITION t 🖰 Burlel 2 🗆 Cremation 3 🗆 Res 4 🗆 Donation 6 🗀 Other (Specify)	moval from State cem	PLACE AND DATE OF D	sposition(Name of olece) emorial Park		NON - City or Town, State Kesville, MD					
23. PART I. Enter the diseases, or shock, or heart failura IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only ona cause on e	ach lina.	IN FARC		Approximate Interval Betwee Onset and Dei					
Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent condition	ons contributing to death b	ut not resulting in the	e underlying cause give	n in Part I. 24e. WAS AN AUTPERFORMEI	O? AMILABLE PRIOR TO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)										
t YES 2 NO	t YES 2 DNO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
1 Natural 5 Pending 2 Accident Investigation		28b. TIME OF	28c, INJURY AT WORK? M 1 YES 2 N	284. DEŞCRIBE NOW INJU	RY OCCURED					
3 Suicide 6 Could not be determined	26a, PLACE OF INJURY building, etc. (Spec	At home, farm, stree	, factory, office	26t, LOCATION (Street and a City or Town, State)	Number or Rural Route Number,					
				d due to the cause(s) and manner it the time, data and place, and du	as stated.					
296 SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	2 Rudo,	ATH ATTEN AT A	29c. LICENSI	E NUMBER 29	DATE SIGNED (Month, Day, Year)					
Arthur L. R	UDO MX 9	04FWAS	H1670N	RD WESTA	INSTER, MD					
JUN 2 4 1994	32. REGISTRAR'S SIGN	arlall								

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FOR 1 - STATE

	* REGISTRAR				EKIIF	ICALI	E OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First								2. DATE OF OEATH MONTH DAY			3. TIME OF OEATH	
	OTTIO		BENNETT		HOUSI		Sr.		6	24		94	M
	4. SOCIAL SECURITY NUMBER 216-12-900	5. SEX 6	AGE (In yrs. 71	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De 1-11	ly, Year)		Count	PLACE (State or Foreign ry) ryland	
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	r, TOWN	OR LOCATION OF DE			9c. COL	NTY OF D	
DIMECTOR	St. José	eph Hos	pital			To	owso:	n			Ba	Ltimo	ore
Ä	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d, INSIDE CITY LIMITS?
	Maryland	Balt	timore	_		Tows	on						1 YES 2 NO
FUNEHAL	10e. STREET AND NUMBER						10	. ZIP CODE					WHAT COUNTRY?
	405 Ai	gburth	Rd.					21286			U	.S.A	•
BY FU	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo		12. WAS OECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2	ARMED ⊠NO		If yes, sp	ecity Cuban, Maxica 2 K NO Specif	n, Puerto Rice	specify Yes n, etc.)	or No-	Spec	
		EDENT'S EDUC	ATION	40-	DECEDENT'S					ili ja kanana		Whi	te
#	(Specify onl	y highest grade	completed)		(Give kind of I	work done			166, KJF	VD OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (t	1-12)	College (1-4 or 5+)		ntrol		rato	r	Balt	imor	e,Ga	s an	d Electric
5	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S NA	ME (First, Midd	lle, Maiden :			
<u>.</u>	Bennett	W. Hous	ser					Clara			Fi	tzge	rald
2	erma M. H							nd Number or Rural I Rd. Tows				Code)	
	20a. METHOD OF DISPOSIT 1 (XBurial 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	oval from State	20b.PLAC cemetery	cremetory or o	of DISPOS ther place)	ey	ama of	6-27		SOn,	City or To	wn, Stata
ĺ	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	_		22.	NAME A	ND ADDRESS OF FA					
	1/2	1	//					Towson I York Rd.					
CERTIFICATION	IMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentially list condit if any, leeding to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	lons, diete iNG	Vent DUE TO (O	R AS A CONS	SE OUENCE D	F):	rd Fi	brill	Nfa	in	lio	n	Onset and Death
- 11	DART II Other elanifles	nt condition	a contribution to d	and had no									
EDICAL	PART II. Other eignificent conditione contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Σ.	DID TOBACCO	O USE C	ONTRIBUTE	TO CAL	JSE OF	DEAT	гн ү	ES NO					
SICIAN	25. WAS CASE REFERRED T						28. PI	ACE OF DEATH (Ch					
á	EXAMINER?		HOSPITAL:	R/Outpatlant	3 DOA	OTHE		a 5 Residence	6 Other (Sc	pecify)			
	27. MANNER OF DEATH	-500	28a. DATE OF th (Month, Day,	JURY Year)	28b. TIM		28c. IN.	URY AT	28d. DESCRI		JURY OC	CURED	
0		Pending Investigation				M		YES 2 ND					
3	3 Suicide 8 Could not be building, stc. (Specify) 4 Homicide datermined						Areat, factory, offica 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Route Number,			
COMPLE	onel		CIAN: To the best of m										i) end manner ea stated.
	296. SIGNATURE AND TITLE		-0		_			29g. LICENSE NUI		Т			(Month, Day, Year)
	Solm	W. 7	Down	c mi)			D206	,49		16	124	194
-	Dr. John				TEM 27) (Туре	Print)					-		
	31. DATE FILED (Month, Day.	Year)	32. REGISTRAN										
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR		CTATE OF MA	DVI AND /	DED4 DTM	LENT OF	1541711 441D			-	, ,		
1 - STATE REGISTRAR		STATE OF MA	CE	RTIFIC	ATE OF	DEATH		EG. NO.	t			
	ME (First, Middle, Last) yn W. Jum	EVELYN	WRIG	нт ј	UMP		2. DATE OF MONTH	DA		YEAR 3	TIME OF DEATH	4 A N
4. SOCIAL SECURIT		1	AGE (In yrs. last	birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH		. BIRTHPL	ACE (State or For	
	0 9952	1 □ M 2 😾 F	87	YRS. MO	THE DAYS	HOURS MIN.	(Month, De	9-19	07	Country) Ma	rylan	đ
	(If not institution, give s			96.		OR LOCATION OF D	EATH		9c. COUNT	Y OF DEA	TH	
Wicon RESIDENCE O 10e. STATE Marylar	mico Nurs	ing Home			Sa	lisbury		_		Wicon	nico	
10a. STATE	10b. COUNT	•		10c. CITY, TO	WN OR LOCA	TION				10	Dd. INSIDE CITY	
		mico Co		S	alisb						☐ YES 2 ☐ I	40
Wicomi 11. Marrial Status		ing Hm/B	1 0			1. ZIP CODE			10g. CITIZE		AT COUNTRY?	
11. MARITAL STATUS		12. WAS DECEDENT E								USA		
	2 Merried	FORCES? 1 [YES 2 NO		If yes, s	ecify Cuben, Mexica 2 NO Specifi	in, Puerto Ricar	n, etc.)	O' NO	Black, V Specify:	- Americen Indie Vhite, stc.	3,
3 Widowed 4	Divorced		-			2 [] NO Specif	,			эреспу.	White	
	15. OECEDENT'S EOU ecify only highest grade		16a. DEC (G/v	EOENT'S USU TO kind of work Do NOT use rel	AL OCCUPATI done during m	ON ost of working	16b. KIN	D OF BUS	INESS/INDU	STRY		
Elementary/Seco	ndary (0-12)	College (1-4 or 5+)				Assista		24	11.			
17. FATHER'S NAME	(First, Middle, Last)		1119	31018	in 5	18. MOTHER'S NA			edici	ne		
Germa	n Garfie	eld Wrigh	t			Flora	Belle	Wr	ight	Dea	n	
19a. INFORMANTS	каме (ТурыРтте)		190.	MAILING ADD	OMESS /Street	and Mumber or Purel			-			
-												
	remetion 3 - Rem	rovel from State	cometary, crem			ame of	DATE	29c. LO	CATION - CI	ly or Town	, State	
21 SIGNATURE OF I	4 (XDonation & Collect (Specify) 21 SUCHATURE OF FUNERAL SERVICE LICENSEE ROnald Wade, Dir 22 NAME AND ADDRESS OF FACILITY State Anatomy								_			
tiva	2.11	/ Conarc	wade	,Dir		.Baltin	S	tate	Ana	tomy	Boar	d
23. PART I. Enter	the diseases or	complications that co	nused the dee	dh. Do not								
ehoc	k, or heart failure.	List only Dne cause	on each line.	00 1101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nue or uying, suc	ii as cardiac	or respi	ratory arres	ье,	Approxima Interval Be Onset and	tweer
disease or condi	tlon	Acuto	Mrrocono	dial T								
resulting in deat	,	OUE TO (OF	Myocard	UENCE OF):	marci	TOIL					Minute	95_
Sequentially list	Sequentially list conditions, Severe Coronary and Cerebral Vascular Disease Due to (or As A CONSCOUENCE OF):									Years		
If any, leading to	nairy, reading to immediate											
CAUSE (Disease	or injury	 Senili OUE TO (OF 	TY AS A CONSECU	UENCE OF):							Years	
Sequentially list if any, leading to cause. Enter UNI CAUSE (Disease that initiated eve resulting in deat	h) LAST	d										
DART II OIL	gnificent condition	ns contributing to de	eth but not re	suiting in th	ne underlyir	a ceuee alven In	Part J 244	. WAS AN	AUTOPSV	245 W	ERE AUTOPSY FIN	IDINGS
Thrombo		_			,			PERFOR	MED?	A)	MILABLE PRIOR T	O
	Thrombocytopenia, controlled						' '	YES 2	Nuo		F DEATH?	0
												_
Thrombo 25. WAS CASE REFE EXAMINER? 1 YES 2 X	RRED TO MEDICAL	HOSPITAL:			26. P	LACE OF DEATH (Ch	eck only one)					
1 TYES 2 X		1 Inpatient 2 E		DOA 4	Nursing Hor	ne 5 🗆 Reeldence						
	5 Pending	26e. DATE OF INJ (Month, Day,		286. TIME OF INJURY	W	JURY AT ORK?	28d. DESCRI	BE HOW II	NJURY OCCU	RED		
2 Accident 3 Suicide	2 Accident Investigation 28s. PLACE OF INJURY — At home form street factory office.											
4 Homicide	6 Could not be determined	buliding, stc.	(Specify)				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
4 Homicide 29e. CERTIFIER (Check only one) 2	CERTIFYING PHYS	ICIAN: To the best of my	knowledge, dear	th occurred st	the time, date	end piece, end due	to the cause/s) end men	Der se stated	ii		-
one) 2 [R: On the beals of exam									nd manner ee st	ited.
	TITLE OF CERTIFIE					29c. LICENSE NUI					lonth, Day, Year)	
30. NAME AND ADDI	m		$\overline{}$			D0202	6		▶ 06/			
		O COMPLETEO CAUSE			,							
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEI							
	1. DECEDENT'S NAME (First, Middle, Last)	A. JOROBO			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	t hirthday) IF IMPE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		M BIRTHPLACE (State or Foreign					
DIRECTOR	340 33 487L 90. FACILITY NAME (If not institution, give s	₩2DF 74	YRS. MONTHS	DAYS HOURS MIN.	DSC 6, 19	19 1	ORTH LARELINA					
	2718 BERUICK	Ro AO	96. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH					
ŒC	10e. STATE 10b. COUNTY	1	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY					
FUNERAL DIF	100. STREET AND NUMBER		BAI	TIMORE 101, ZIP CODE		10g CITIZEN	LIMITS? YES 2 NO OF WHAT COUNTRY?					
	2718 BIRIDIC	k Roso		1122		1)	Δ 2					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR		WAS DECENDENT OF HISPA		ns or No — 14.	RACE — American Indian,					
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES ZEN	**	If yes, specify Cuben, Mexicon 1 YES 2 NO Specific		Black, White, etc.						
	15. DECEDENT'S EQU	CATION SEE DE	CEDENT'S USUAL (COMPATION	1 400 4000 00 00		31.18W					
COMPLETED	(Specify only highest grade	completed) (Gi		during most of working	16b. KIND OF BU	JSINESS/INDUS	rRY .					
IPL	SYRS	College (1-4 or 5+)	PORTOR	IUL2	6:17	OF B	ANTIMARE					
Ö	17. FATHER'S NAME (First, Middle, Last)		111111111111111111111111111111111111111		AME (First, Middle, Maide							
BE C	A. W. JORS	DAG		FACC	selle si) NA	\mathcal{U}					
TO B	19e. INFORMANT'S NAME (Type/Print)	191	b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or To	wn, Stafe, Zip Co	3834					
-	MARY M. JORG	IAO a	NB BER	WickKOA	D BALK	AM-	SYLADO					
	20a, METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 Rem	oval from Stata cametery, cre	AND DATE OF DISPO		OATE 20C. L	DCATION — City	or Town, State					
	4 Donation 5 Other (Specify)		matory or other place	- May large IV	194 17	RKVIL	15 1 JARYLAND					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22	NAME AND ADDRESS OF FI	Trot Cru	ORIES	,					
		Lord		3800 HARF	ORO ROOK	- PAR	kvills					
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that caused the de List only one cause on each line	eath. Do not ente	r the mode of dying, suc	ch es cerdiac or res	olratory arrest	Approximate Interval Between					
	iMMEDIATE CAUSE (Final disease or condition	1 +	11	1. 1-	10	L'	Onset and Death					
	reaulting in death)	Houle	Myoc	ardial 1	marc	1101						
_	DUE TO (OR AS A CONSEQUENCE OF):											
0 N	Sequentially list conditions, b. Cononary Triery Attsease											
CERTIFICATION	cause. Entar UNDERLYING	If any, leading to immediate										
Ĕ	CAUSE (Disease or Injury that initiated events DNE TO KOM AS A COMSEQUENCE OF):											
	resulting in death) LAST	4										
	PART II. Other significant condition	a contributing to death but not r	resulting in the u	nderiving cause given in	Part I. 24s. WAS A	N ALITTOREY	24b. WERE AUTOPSY FINDINGS					
CAL			esoliting in the o	ilderlying cause given in	PERFO	RMEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE					
ED					1 □ YES	2 NO	OF DEATH?					
2	DID TODA CCO LICE	CONTRIBUTE TO CALL	CE OF DEA	71 1/50 = 11/			1 TES 2 NO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO CAUS	SE OF DEA	26. PLACE OF GEATH (C)								
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA A N									
Ŧ	27. MANNER OF GEATH	28e. OATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	EO					
BY F	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO								
	3 Suicide 6 Could not be	28e. PLACE OF INJURY At ho building, atc. (Specify)	ma, ferm, street, fac	tory, office	28f. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,					
	4 Homicide determined					, 						
COMPLETED		CIAN: To the beat of my knowledge, de	ath occurred at the	time, data end place, and du	to the cause(e) and me	onner as stated.						
OM	one) 2 MEDICAL EXAMINE	R: On the beels of examination end/or i	Investigation, In my	opinion, death occured at the	tima, date end place, e	nd dua to the co	euse(e) and menner ea atated.					
BE C	296. SIGNATURE AND TIFLE OF CONTIFIE			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)					
	C. K. Wicen	many)		1025	569	Jur	4881 163					
٩	30. NAME AND A ORESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH (ITE)					
	FRANCIS L. W	3 MAMUSI	3406 H	ARFORD K	1- 0AC	3krills						
	31. DATE FILEO (Morith, Day, Year) JUN 2 7 1994	32. REGISTRAN'S SIGNATURE Julia Davidson Pa										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) CARL	C		JOH	NOON	JR		2. DATE	OF DEATH	1994	/EAR	3:13 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE		NDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHP	LACE (State or Foreign
	103-05-3351	1 XM 2 - F	73	YRS.	MONTHS DA	YS HOU	RS MIN.		(h, Day, Year)	1	No.	
DIRECTOR	9e. FACILITY NAME (If not institution, give street end number) Saint Joseph Hospital					9b. CITY, TOWN OR LOCATION OF DEATH TOWSON, Maryland 106/12/21 New York 9c. COUNTY OF DEATH Baltimore					ATH	
<u>.</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c CITY	TOWN OR L	OCATION					Τ.	IOd. INSIDE CITY
Ē	Maryland Baltimore			100, 0111	, lowe on E	OUNTION	T					LIMITS?
	10e. STREET AND NUMBER	Darcinc	ile			10f. ZIP	TOW	son		10a, CITIZE		I YES 2 NO
Ä	305 East Joppa	Road	Ant	801			2	1286			US	
FUNERAL	11. MARITAL STATUS	12. WAS DECEOEN FORCES? 1			13. WAS	DECENDE	NT OF HISPA	NIC ORIGI	N? (Specify Yes	or No.— 14	. RACE -	- American Indian.
BY	1 Never Married 2 Merried 3 Widowed 4 X Divorced	IF YES, GIVE Y	AR OR OATES	NO		YES 2	NO Speci		Rican, etc.)		Specify	White, etc.
			WII									White
E	15. DECEDENT'S EDU (Specify only highest grade	completed)		(Give kind of w life. Do NOT use	ork done durin	PATION g most of w	orking	16	b. KIND OF BUS	SINESS/INDUS	STRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)									
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4		ACC	ounta		AOTHED'S N	AME /Eimt	Middle, Melden	x Ser	VIC	:e
	Carl C. J	ohnson	Sr				JOHN CHEN					
BE	19e. INFORMANT'S NAME (Type/Print)	omnoon,	DI.	19b. MAILINO	ADDRESS (St	reet and Nu	mber or Rural		laide			
2	Gary C. Johnso	n	_	152 L								17111
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval Irom State	20b. PLA	CEANDDATEO	F DISPOSITIO	N /Neme of		DA	re 20c 10	CATION - CIT		
	4 Donetion 5 Other (Specify)		Meti	cremetory or oth	emato	ry, I	nc.	6/2	5 B	altim	ore	MD.
1	21. BIGNATURE OF EUNERAL BERVICE LIC	Man Man	Phile		Cro	E AND AD	ORESS OF F	ACILITY	ety of			
	George E.	MacNab	b		299	Fre	deri	OCT	Road	Rolts	, 1	MD 21228
	23. PART I. Enter the diseases, or o	omplications the	t ceused the	deeth. Do n	ot enter the	mode of	dying, au	ch aa cei	diac or reapi	ratory arres	it,	Approximate
	ehock, pr heert fellure. IMMEDIATE CAUSE (Final disease or condition	METAST			E CAN	CER						Onset and Death
	resulting in desth) e. OUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions.											
	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):											
	that initieted events resulting in death) LAST		,		,-							j
		0,									_	+
EDICAL	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOP PERFORMEC?								AVAILABLE PRIOR TO			
5									1 TYES 2	ON O		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								YES 2 NO			
PHYSICIAN:		ONIKIBUIE	IO CAI	USE OF							<u></u>	
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
2	1 YES 2 NO	1 Inpatient 2			4 Nursing			· ·			050	
2 2	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. OEŞCRIBE HOW INJURY OCCUREO											
- 12	3 Suicide 6 Could not be	28e. PLACE O	F INJURY At atc. (Specify)	t home, ferm, st	reet, factory,	office		28f. LO	CATION (Street e	and Number or	Rural Ro	ute Number,
-	4 Homicide determined		and (aposity)					Or Or	or lown, state)			
COMPLEIED		CIAN: To the best of										
3	2 MEDICAL EXAMINE		xemination end.	/or investigation	i, in my opini	on, death o	ccured at the	e time, det	e and place, en	d due to the o	Ceuse(e)	end manner ee stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIES	00	•		1 A	1	G492	JMBER		29d. DATE S		Month, Day, Year)
2	30 NAME AND ADDRESS OF BEDERAL HALL	O COMPLETED CALL	MON DE ATT	TEMAN	7. D.					- ye		24,1994
	30 NAME AND ADDRESS OF PERSON WH	VID, 51 3	SEPH	HOSP1	TAL, 7	520 Y	ORK R	OAD,	TOWSO	N, MD	2120	4
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATUR	E	1							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) CECTLIA	JANKOWI,	AK .			2. DATE	OF DEATH DAY	YEAR 994	3. TIME OF CEATH		
	4. SOCIAL SECURITY NUMBER 2/2-/8-3/94 96. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In	yrs. leat birthday) III	UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH h, Day, Year) -22-/8	8. BIRT	ingland		
CTOR	NEDBRIDGE, RESIDENCE OF DECEDENT		SSVILLE	EATH	9c. CC	BALT	IMORE.				
- DIRECTOR	100. STATE 10b. COUNTY BULLIAND 10c. CITY, TO				lle			10d. INSIOE CITY LIMITS? V 1 ☐ YES 2 1 NO			
FUNERAL	7901 33 nd Street								I.S.A.		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES				ENDENT OF HISPA ecify Cuban, Maxico 2 7NO Specifi		14. RACE — American Indian, Black, Whita, atc. Specify: White				
COMPLETED	15. DECEOENT'S ED. (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)		done during mo kired.)	CUPATION 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY						
OM	17. FATHER'S NAME (First, Middle, Last)		71.OM	emaken	18. MOTHER'S NA	LME (First, i	Middle, Maiden Surname)			
BE C	Manyanna Ale	eksalza						utan	tu		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural	Route Num	ber, City or Town, State,				
5	Enank Jankowiak		7901	33 nd S	treet B	alti	more, MD21	1237			
	20s. METHOD OF DISPOSITION 1 Gurlel 2 1/2 Cremation 3 Geneval from State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LUCION ROSE LICENSEE 121. Lienary Appress of Faculty Lucion Rosedile, MD 21. 121. Lienary Ave. Rosedile, MD 21.										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
L CER	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING.										
MEDICA					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (C)	neck palv ~	20)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet		THER:	e 5 Residence						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME 6	F 26c. IN.	URY AT		SCRIBE HOW INJURY	CCURED			
ВУР	1 Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO						
ETED B	3 Sulcide 6 Could not be building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)							Route Number,			
COMPLE		BICIAN: To the best of my knowled							(e) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE			1	29c. LICENSE NU	MBER 723	29d. D	ATE SIGNE	(Month, Day, Year)		
5	30. NAME AND ACCORESS OF PERSON WI	HO COMPLETEO CAUSE OF OEAT	H (ITEM 27) (Type, Pr	Q, DR	BIL	nu	oft m	o z	1237		
	31. DATE FILED (Month, Day, Year) JUN 2 7 1994	32. REGISTRAR'S SIGNAT									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, The law

31. DATE FILED (Month, Day, Year)

JUN 2 7 1994

32. REGISTRAR'S SIGNATURE i Danden-Ro

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 P. JUNE 12:11 JOHNSON GERALD Levi 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH DAYS HOURS 1 💢 M 2 🗌 F YRS. 219-72-6908 California California ours after death. Page 6 may be retained by the hospital or attending physician.

d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 633 N.ROSEDALE STREET BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Bal.timore 1 TYPES 2 NO 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 16a. CITIZEN OF WHAT COUNTRY? 2320 Allendale Road 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ВУ 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced Bl.ack COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) College 2 Dental Hygienist Dental Office 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) te Joseph M. Johnson BE Bertha notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5 Margaret M. Johnson 633 North Rosedale Street Baltimore, MD 21216 20a METHOD OF DISPOSITION be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Buriet 2 Cremation 3 Removal from State MD Veteran Cemetery/Garrison 6/24 4 Donation 5 Other (Specify) Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc Parker 2501 Gwynns Falls Parkway Beun Baltimore, Maryland medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, n and completely filled in by to burial, cremation, or remo Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel 中 disease or condition ACUTE PROPRANOLOL INTOXICATION reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate attending physician intal Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 0 n signed by the attenut f Health and Mental H PART II. Other aignificent conditions contributing to deeth but not requiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? any HISTORY OF CHRONIC DRUG AND ALCOHOL ABUSE 1 TYES 2 NO Shows 1 YES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\precedent \) NO \(\precedent PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: YES 2 NO OR ATTENDING PHYSICIAN: 4 Nursing Home Residence 6 Other (Specify) 0 26e. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF DEATH DUNJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 Netural FOUND 6-17-94 12:00NOON 1 YES 2 NO SUBJECT OVERDOSED ON MEDICATION After the BY 2 Accident 3 XX Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 40 ETED. DIRECTOR: 4 Homicide 28 determined HOME 633 N. ROSEDALE ST. BALTO MD. 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) end manner se stated. COMPL HOSPITAL (
FUNERAL [
within 72 h = TO THE HOSPITA
TO THE FUNERA
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IMPORTANT: II 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(a) end manner as stated. 29b. SIGNATURE AND ATTLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year 29c. LICENSE NUMBER BE JUNE 18,1994 O.C.M.E. Kute us 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

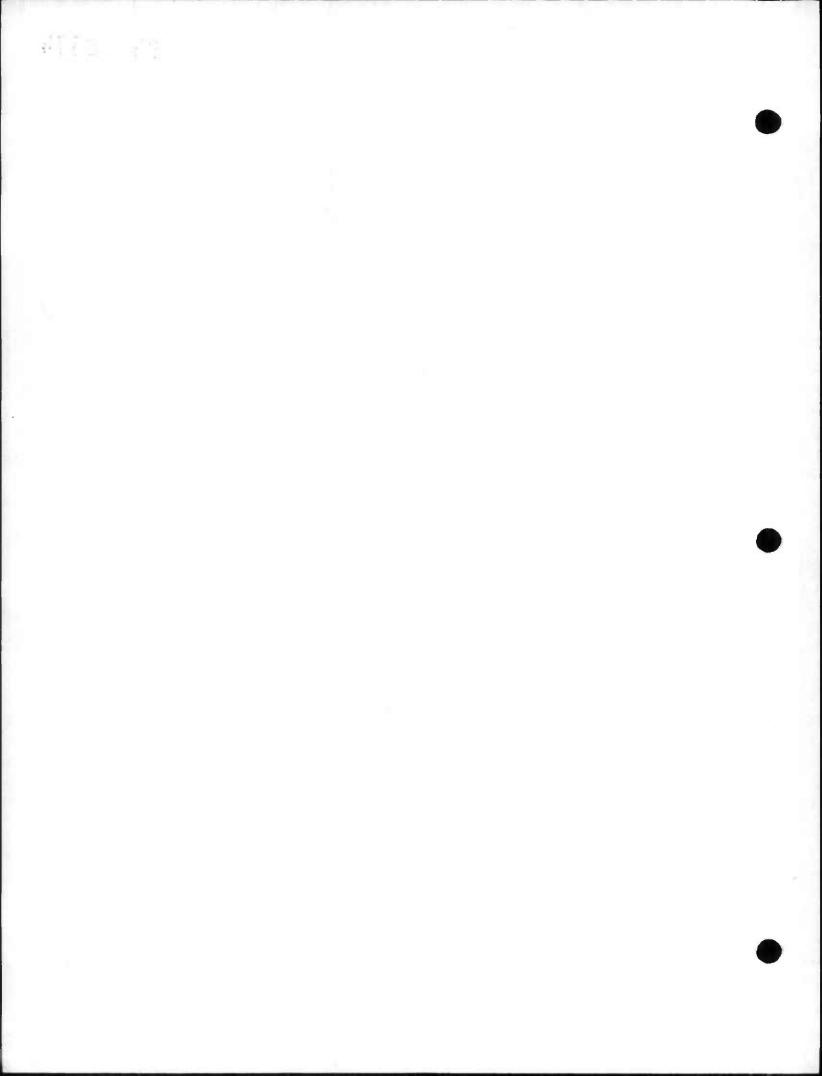
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount state death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detained.		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Pay, Year)
JUN 2 7 1994

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AN				.00.	
	1. DECEDENT'S NAME (First, Middle, Last) Harry L.	CERTIF	TCATE C	PDEATH	2. DATE OF DEATH MONTH 26,		YEAR	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER 217-14-6706	5. SEX 6. AGE (in yrs	s. lest birthday) YRS.	IF UNDER t YEA	-	RS. 7. DATE OF BIRTN	7. DATE OF BIRTH & BIRTHPI		PLACE (State or Foreign yland	
TOR	99. FACILITY NAME (If not Institution, give str 546 Brisbane Roa		96. CITY, TOW Balti	n or location of	OF DEATH	9c. COUNTY OF DEATN Baltimore				
DIRECTOR	10h COUNTY	10h Baltimore			cation				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	546 Brisbane Roa	ıd			101. ZIP 200E 22	9	10g. CITIZ		MAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES GIVE WAR OR DATES	NO	If yes.	specify Cuban, Me	SPANIC ORIGIN? (Specify Yeexican, Puerto Rican, etc.)	e or No—	14. RACE Black Specif Wn1	— Americen Indien, , White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	Give kind of life. Do NOT u	work done during se retired.)	ATION most of working	166. KIND OF BU		STRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Harry L. Klingle	er, Sr.				s NAME (First, Middle, Meider llian Krause				
10	Doris Smith Klingler 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 546 Brisbane Road Baltimore Md 21229									
	20b. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of company of the disposition of the chief (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of company of the disposition (Name of company of the disposition of the disposition of the disposition (Name of company of the disposition (Name of company of the disposition (Name of company of the disposition of the disposition (Name of company of the disposition (Name of company of the disposition of the disposition of the disposition of the disposition (Name of company of the disposition of t									
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	2			r FACILITY AMD TO SE Ur Spring Ro				
	23. PABL Enter the diseases, or complications that caused the daath. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF THE MEDIATE CAUSE) DUE TO (OR AS A CONSEQUENCE OF THE MEDIATE CAUSE)									
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A GO	MEQUENCE O	Slord	Sufar.	- Alabel	4			
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO									
PHYSICIAN:	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VNO	HOSPITAL:		OTHER:	PLACE OF DEATH					
B≼	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 MO								
COMPLETED	3 Suicide 8 Could not be datarmined 29a. CERTIFIER 1 CERTIFYING PHYSIC	28e. PLACE OF INJURY — A building, atc. (Specify) CIAN: To the best of my knowledge				28f. LOCATION (Street City or Town, State)	1300	loute Number,	
TO BE COMF	one) 2 MEDICAL EXAMINER 298. BIGHATURE AND TITLE OF CERTIFIER	R: On the basis of examination and	d/or investigati			it the time, date end place, e	nd dua to the	ceuse(e)	end menner ee stated.	

32. REGISTRAR'S SIGNATURE

ESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)



DIVISION OF VITAL RECORDS, F.O. BOX 13148, BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within the years after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filligd in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MECCHUS, P.	aw requires that the death	s been signed by the atten pt. of Health and Mental I-	3 shows any Injury, or
SION OF VITAL	TENDING PHYSICIAN; The	OR: After this certificate ha	18 Is marked, or Item 2
	TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT be filed within 72 hours a	IMPORTANT: If item 2

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Knight				2. DATE	OF DEATH	25 4	3. TI	ME OF DEATH
i	4. SOCIAL SECURITY NUMBER 213-32-9318	1 🗆 M 2 💢 F	GE (In yrs. last birthday) 59 YRS.	MONTHS DAYS	7	(Month	OF BIRTH , Day, Year)		BIRTHPLACE Country) Balto	More Md
OR	Be. FACILITY NAME (If not institution, give Chapel Hill Conval	Nome 4511	Robosson Ro	Randa Randa	all shown		21133	Ball	OF DEATH	re-
DIRECTOR	10a, STATE 10b. COUNT Md . Cal	roll	10c. Cr	TY, TOWN OR LOC	Kesville	 -				INSIDE CITY LIMITS? YES 2 X NO
3AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	5 Bethway Di	Appt. 1	D IN II C ADMED	40 980 0	21784 ECENDENT OF HISPA	-	2 /0		U.S.	
В	1 Never Merried 2 Merried 3 XWidowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If yes,	apocity Cuban, Maxico ES 2 NO Specia	an, Puerto P	r (specify fer tican, atc.)	14.	Black, White	norican Indian, ia, etc. Uhite
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Collega (1-4 or 5 +)		S USUAL OCCUPA work done during use retired.)		18b.	KIND OF BU	SINESS/INDUS	TRY	
MP	4 17. FATHER'S NAME (First, Middle, Last)	_		Homema	18. MOTHER'S NA			Home		
	Jack Currar				Glady		лаан, меюел ?	Surname)		
3 BE	19a. INFORMANT'S NAME (Type/Print)	-	19b, MAIUN	G ADDRESS (Street	t and Number or Rural		oer, City or Tow	n, State, Zip Co	de)	
2	William J. Kr				arles S1					
	20a, METHOD OF DISPOSITION **Description Method Meth	moval from State	St. Mic	naels	Cemetery, crematory or	7		ular		ngs, Md
	21. SIGNATURE OF FUNERAL SERVICE L	- Warght			Box 195	На		Fune 11e,		
TION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	a. Silen Due to (or a)	AS A CONSEQUENCE	5. 0 x 0 H		rFor	nac or reap			Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DICCR d.	AS A CONSEQUENCE	OF):	25					
PHYSICIAN: MEDICAL C	OStro myli	Vasculon			ing cause given in	Pert I.	24a. WAS AN PERFOI 1 YES 2	RMED?	AMAIL COMI DF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	L+ Leg.		26.	PLACE OF DEATH (C	heck only on	ne)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/	Outpetient 3 DOA	OTHER:	ome 5 🗆 Raeldence					
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	RY 28b. Ti	JURY	NJURY AT WORK? YES 2 NO	28d. DES	CRIBE HOW	INJURY OCCUP	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At home, farm Specify)	, atreet, factory, o	ffice	28f. LOC City	ATION (Street or Town, State	and Number or)	Rural Route I	Number,
COMPLETED	cool only	SICIAN: To the best of my k							ause(a) and	manner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIF	ER			29c. LICENSE NU	MBER		29d. DATE S	IGNEO (Mon	th, Day, Year)
TO B	dellage	reure	12 N	0,0	0)	290	8-5	•	5/2	5/94
	30. NAME AND ADDRESS OF PERSON W	1065 -	.0. 5		0 10 CC	unt	R	000		21133
	JUN 2 1994	32 REGISTRAR'S	artally							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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YTA.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil
SS	SIN
H	FF
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be refained by the hospital or attending) THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH
	ALBERT F. LENDON	JUNE 25 1994	4 9: 42 A.W.
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 8. 8 (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	719 01 dald 12 xxxx 82 xxx	JUNE 10, 1909 1	")ARYLAGO
Œ			
DIRECTOR	RESIDENCE OF DECEDENT	MU DHY	Timore
E	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 101. ZIP CODE	40 - APTITES	1 Tes 2 NO
ERA	3 LAVA COURT AIRT	ing. Glizen	S A
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISP/		RACE — American Indien,
BY F	IF YES, GIVE WAR OR DATES 1 YES 2 NO Spec		Black, White, etc. Specify:
ED 6	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUST	31180
l iii	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)	ids. Kind or bosiness/indogr	D'
COMPLET	byrs- Forsman	SLAGRAMS	DISTILLERY
5 3		AME (First, Middle, Melden Sumeme)	
8 8		nknown	
일	1-40 E 1:0000 20000000000000000000000000000000	i Route Number, City or Town, State, Zip Coo	0 01 -
2	20e, METHOD OF DISPOSITION 20th DE ACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION - City	10. 21015 or Town, State
E .	1 Suriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	633 PARKIN	Je Oo.
nine.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F EVACUATION 23. NAME AND ADDRESS OF F	SI OF DEMORIE	1
еха	House of warm & 8800 HARE		RKVILLE
the medical examiner must be notified at once. TO BE COM	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, su shock, or heart feiture. List only one cause on each line.	ch as cerdlec or respiratory street,	Approximats
2	IMMEDIATE CAUSE (Finel		interval Between Onset and Death
E I	disease or condition resulting in death) s. NEUMONIA		UMY S
other traumatic event,	DUE TO (ON NO A CONSECUENCE OF).		
RTIFICATION	Sequentielly list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):		
E E	cause. Enter UNDERLYING CAUSE (Disease or injury		
	thet initieted evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST		
111	d		
AL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
shows any : MEDIC.	Partining diegs - /+SCVD-	1 _ YES 2 NO	OF DEATH?
2 2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES N	0.50	1 NES 2 NO
S Z	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C		
SICI/	EXAMINER? 1 VES 2 NO HOSPITAL: 1 inpetient 2 ER/Outpetient 3 DOA OTHER: White Nursing Home 5 Recidence		
PHY	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c, INJURY AT (Month, Day, Year) INJURY WORK?	28d. DESCRIBE HOW INJURY OCCURE	ED
Is marked, D BY PH	2 Accident Investigation M 1 YES 2 NO		
111 ee	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, term, streat, tactory, office building, etc. (Specify)	28t. LOCATION (Street and Number or R City or Town, State)	Burel Route Number,
E LE	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best ot my knowledge, death occurred at the time, date end place, end du	Saul Saran, etc. Saran et avoir	-
O BE COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end during one) 2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the		use(s) end menner as stated.
N N	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NO.		GNED (Month, Day, Year)
MPOR D BE	12 Much has at Myrigian D.14	618 15	4PP1 CE 20
우	30. NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF DEATH (ITEM 2) (Typo, Print)		
	BIENVENIDUR. MATOS 2/CRANBRUUK RG- (OCKEYSVILLE N	14.4036
	JUN 2 7 1994		
	JOHN L. 1994 Gene Dandon About		DHMH-16 Rev 1/89

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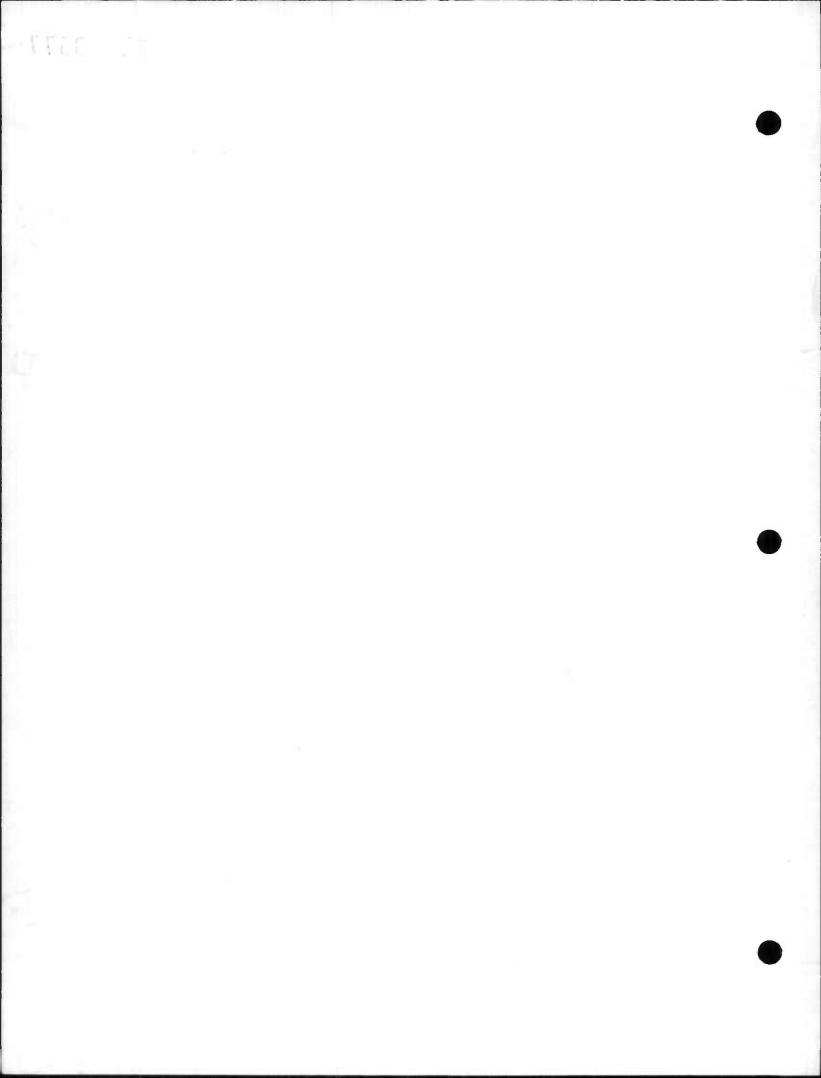
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
EGISTRAR	CERTIFICATE OF DEATH RE	G. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			IENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	EVERETT P.	LOGA	AN		2. DATE OF DEATH 6-23-94	Y YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 229 18 4967	1⊠ X 2 □ F 8	O YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/21/19	13 8. BIRT	HPLACE (State or Foreign ry) Va.
TOR	98. FACILITY NAME (If not institution, give 3736 Dolfield RESIDENCE OF DECEMENT		98	Baltir	NOTE	ATH	9c. COUNTY OF I	DEATH
DIRECTOR	Md .	Υ		own or Location				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3736 Dolfield	d Avenue		101.	ZIP CODE 2121	5	10g. CITIZEN OF	Was and the same of the same o
B	11. MARITAL STATUS 1 Never Married 2 Amerried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	ONE	If yes, spec	NDENT OF HISPANI city Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yea , Puarlo Rican, etc.)	or No- 14. RAC Blac Blac Blac	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION 16. completed) College (1-4 or 5 +)	life. Do NOT use re	done during most stired.)	N t of working	16b. KIND OF BUS		
MP			Steelw	orker			hlehem	Steel
	17. FATHER'S NAME (First, Middle, Last) Peter	Logan			18. MOTHER'S NAM	IE (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)	Dogum	19b. MAILING AD	DRESS (Street and		cute Number, City or Town	range	
욘	Charmaine P.	Logan				e. Balto		21215
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)		ACE AND DATEOF D	ISPOSITION (Nam	naof	DATE 20c. LO	cation - city or to	own, State
	21. SIGNATURE OF FUNERAL, SERVICE LI	a Morter	ev.	James			ons	
Z	23. PARTA. Enter the diseases, or ehock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that ceused th List only one cause on each e. DUE TO (OR AS A Co	A.	enter the mod	e of dying, auch	aa cerdiac or reapi	ratory erreat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO						
MEDICAL	PART II. Other algorificent condition					PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLA	ES NC			
YSI	1 TYES 2 NO	1 🗆 Inpatient 2 🗀 ER/Oulpatia	nt 3 🗆 DOA 4		5 Residence	Other (Specify)		
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOR	RY AT IK? ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED	
ETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	Al home, farm, stre	et, factory, offica		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLE	1	ER: On the best of my knowledge						s) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			O (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF P RSON WE	HO COMPLETED CAUSE OF DEATH	(ITEM 27) /5 0-		1 27	564	►6/27	144
	Allen	Gettleman	17	77 K	interstan	n Rd	H365	
	31. DATE FILED (Month, Day, 1984)	32. REGISTRAR'S SIGNATU	RE	,				



0, BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thithe State Dept. of Health and Memtal Hygliene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE C	F DEATH

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	YOW		JEN		L	IU				JUNE 2	0 19	954R	09:38 a M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	• • • • • • • • • • • • • • • • • • • •	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	IPLACE (State or Foreign
	579-17-0770		1 M 2 X F	3.9	YRS.					5-15-55		TAI	WAN
<u>~</u>	90. FACILITY NAME (If not ins			AT CE	מידישו				ION OF DE	EATH		INTY OF E	
5	PRINCE GEO		HOSPII	AL CE	MIER		пEV	ERL:	ĭ		PR.	INCE	GEORGES
DIRECTOR	10a. STATE	10b. COUNTY	,		10c. CI	Y, TOWN	OR LOCAT	TION					10d, INSIDE CITY LIMITS?
	D.C.	-			Was	shing	ton						1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER							. ZIP COD					WHAT COUNTRY?
N.	2141 P. Str	reet N	. W . ,	T EVED IN II C	ADMED	12		2003		IIC ORIGIN? (Specify Yes	TAI	4	
	1 Never Married 2 🖔		FORCES?	YES 2			It yes, sp	ecify Cubi		n, Puerto Rican, etc.)	or No		E — American Indian, k, Whita, etc.
) BY	3 Widowed 4 Divor	rced						1 10 110	Specin			Spec	ASIAN
COMPLETED	15. DECI (Specify only	EDENT'S EDU highest grade	CATION completed)	16a.	Give kind of	work done			ing	16b. KINO OF BUS	SINESS/IN	DUSTRY	
1	Elementary/Secondary (0-		College (1-4 or 5		mpute)		oara	mina		incure			
D M	12th GRADE		8yrs.		mpate	r pr	ogra			Insuran ME (First, Middle, Maiden		ompa	пу
examiner must be notified at once. TO BE CON	Tsu-Ching, Li	,,								Chang	ourname)		
BE	19a. INFORMANT'S NAME (Ty				19b. MAILING	ADDRES	S (Street a			Route Number, City or Tow	n, State, Zij	ip Code)	
2	Wang Li-Hsi	Lu			2141	P. S	tree	t N.	W.,	Washington	D.C		
<u> </u>	20a. METHOD OF DISPOSITE	ON n 3 🗆 Ram	oval from Stata	20b. PLA	CEAND DATE	OF DISPOS	SITION (Na				CATION —		own, Stata
Ē	4 Donation 5 Other			Metr	o Cre	mato:	ry			6/27 Cato	nsvi	11e,	MD
Ĕ	21. SIGNALIDES OF PUREION	L SEWICE LIC	EMBEE	200					SS OF FA	wn Jr. Fun	eral	Home	P.A.
exa_	Wa		10.	Du	un	19	913	W. B.	alti	more St.,	Balto	o., I	MD. 21223
900	23. PART i, Enter the di- ehock, or he	seases, or o	complications the List only one car	t caused the	deeth. Do	not enter	the mo	de of dy	ing, auc	h aa cardlac or reepi	ratory ar	rest,	Approximate Interval Between
The medical	iMMEDIATE CAUSE (Fin disease or condition	al	MIITTI	PLE I	N TIID	TEC							Onset and Death
eut,	resulting in death)	→	е	(OR AS A CON					_				
§ Z				(4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		. ,.							i i
RTIFICATION	Sequentially liet condition if any, leading to immediate	dieta	OUE TO	(OR AS A CON	SEOUENCE C	F):							
S B	CAUSE (Disease or Injur		c			_							
or other traumatic event, ERTIFICATION	thet initiated events resulting in death) LAST	т .	DUE 10	(OR AS A CON	SEOUENCE C	HF):							
CE			d										
MEDICAL CI	PART II. Other aignifice	nt condition	e contributing to	deeth but no	ot reculting	In the u	nderiyin	g ceuse	given in	Part I. 24s. WAS AN PERFOR		242	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										1XXES 2	□ NO		OF DEATH?
2 5	DID TOBACCO) lise (CANTRIBUTE	TO CA	LISE OF	DEA	TLJ V	'E¢ [1 NO				1 TYES 2 NO
A A	25. WAS CASE REFERRED TO		CITICIDUII	. 10 CA	USE OF	DEA			NO	eck only one)			
PHYSICIA	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DDA	OTHE 4 Nu	R:			8 Other (Specify)			
HY G	27. MANNER OF OEATH		28e. OATE OF		28b. TIR	_	28c. INJ			28d. OESCRIBE HOW I	NJURY OC	CURED	
marked, BY PH		Pending Investigation		794		:38		YES 2	Х ио	DRIVER I	N MU	ULT.	CAR COLL
<u>∞</u> 0		Could not be	28s. PLACE (building	of INJURY — At etc. (Specify)	t home, tarm,	atreet, tec	tory, offic	•		City or Town, State) RT 202&2	and Numbe		
ETE			HIGH										CE GEORGES
MPLETE	29a. CERTIFIER (Check only one) 1 CERT	IFYING PHYSI	CIAN: To the best o	my knowledge	, death occur	red at the	time, data	and place	e, end dua	to the cause(s) and mar	ner as sta	MAK)	LAND
O BE COMPLE	 			ammation and	vor investigati	on, in my	opinion, d			time, data and place, an			
8	29b/SIQNATURE AND TITLE	OF CERTIFIE	16000						ENSE NUI				(Month, Day, Year)
유	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAL	SE OF OEATH (ITEM 27) (Type	, Print)		0	.C.N	1.E.		JUNE	21 1994
	Margarita		11 M D	11	1 Pe	nn S	stre	et	Ra T	Ltimore,	Mar	vlar	nd 21201
	31. DATE FILED (Month, Day,	100	32. REGISTR	DEN'SIGNATUR	ב מל		, ,,	,	Du.	L C THIOT C /		<i>y</i> ±01	21201
	JUN 4	1 1334	0		-Manael	Z.							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	ING PHYSICIAN: The law requires that the death certificate be
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VISIO	TAL DR ATTENDING
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1. DECEDENT'S NA	AME (First, Middle, Last)) -	C	EKIJFI	CAIEC	F DEATH	2. DATE	REG. NO.		Т	3. TIME OF DEATH
Kathle	een	С.	L	ochbo	oehle	r	Jui	TH DA	25	94	2:10 A
4. SOCIAL SECURI		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEA		(Mon	OF BIRTH (h, Day, Year)		Country	PLACE (State or Foreign
1 / 6 - 1	16-3164 E (If not institution, give		75	YRS.	9h CITY TOW	VN OR LOCATION OF D		3/9/19	96. COUN		nsylvan
						to. City			SC. COOM	TY OF GE	zain.
3206 RESIDENCE C	Abell A			10c CITY	TOWN OR LO						10d, INSIDE CITY
Penn.	Nort	humberl	and		Carı						LIMITS?
10e. STREET AND I						101. ZIP CODE 1785	1		10g, CITIZ		HAT COUNTRY?
100. STREET AND I		emon St							<u> </u>	U.S	
3 Wildowed 4	d 2 Merried		YES 2 NAR OR DATES	KUO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 X NO Speci	en, Puerto	N? (Specify Yee Rican, atc.)	or No-	14. RACE Black, Specifi	- American Indian, White, atc. White
(S)	15. OECEDENT'S ED			DECEDENT'S U	ork done during	ATION most of working	16	b. KIND OF BUS	SINESS/INDU	JSTRY	
Elementary/Sec	ondary (0-12)	College (1-4 or 5	+) "	iie. <i>Do NOT use</i> BOOKK	retired.)			лем	ERLY	Sto	nre
17. FATHER'S NAME	E (First, Middle, Last)	4		BOOKK	cepei	18. MOTHER'S N.	AME (First,			500	51.6
Ray	Cannon					Eliz	zabe	th G	alla	_	r
O 19a, INFORMANT'S		liccon	-	196. MAILING A	206 A	et and Number or Rural	Route Nun	21 Q	n, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·
20a. METHOD OF D	Mrs. Rita Glisson 3206 Abell St. 21218 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State										
4 Donation 5	1	-/-	- Wes	were Cart	her da	l Cem.	6/28	/94	Balt		
21. SIGNATURE OF	FUNERAL SERVICE L	ICENSEE,	1/		22. NAM	eand address of F	ACILITY P.11.0	·k Ir	10		
Mas	U CA	eleft 1	2		530	5 Harfor	d Ro	1. 212	214		
23. PART I. Ente	ar the diseases, or ck, or heart fellure	complications the	it caused the d	death. Do no							
		Elst Dilly Dile Cot	use on each lin	ne.	ot enter the	mode of dying, au	ch es cer	diec or respi	ratory arre	est,	Approximata interval Batwe
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	USE (Finel	a. Car	cen c	DIA	- of	lung	ch es cer	lo, 4	ratory arre	est,	Interval Batwe
disease or cond resulting in dea	USE (Finel	a. Car	CEN COM ANA COMS	ne. Ma iequence or;	- of	lung	ch es cer	wyth the second	Ratory arre	est,	Interval Batwe
disease or cond resulting in dea	USE (Finel dittion with) t conditions, to immediate NDERLYING	a. Car	cen c	ne. Ma iequence or;	- of	lung	ch es cer	with the second	L entered	est,	Interval Batwe
disease or cond resulting in dea	t conditions, to immediate NPERLYING a entit	a. DUR TO	CEN COM ANA COMS	ne.	mer	luoy	th es cer	lo, X	Ratory arre	est,	Approximata interval Batwa Onset and De
disease or cond resulting in dea	t conditions, to immediate NPERLYING a entit	a. DUR TO	COR AS A CONS	ne.	mer	lung	och es cer	w.t	L error	est,	Interval Batwe
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DID TOE Sequentially list if eny, leading to cause. Enter UM Cause. Enter UM PART II. Other s DID TOE 25. WAS CASE REFEXAMINER 1	SACCO USE ERRED TO MEDICAL NO CERTIFYING PHYS CERTIFYING PHYS CERTIFYING PHYS CRESS OF PERSON W	DUE TO B. DUE TO B. DUE TO CONTRIBUTION HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, E) 28e. PLACE OF building, SICIAN: To the best of e	(OR AS A COMS (OR AS	TEM 27) (Type,)	DEATH 20 OTHER: 4 Nursing I OF 28c. RRY M 1 (reet, fectory, companies) at the time, in my opinion	ying ceuse given in YES No. B. PLACE OF DEATH (C.) Home 5 Residence INJURY AT WORK? YES 2 NO office dete and place, end du in, death occured at the	Part I. Dipheck only of the call of the c	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY MMED? NJURY OCCI	URED Or Rural Ro couse(s) Signed	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

	HEGISTRAN	CERTIFI	CALE OF	DEATH	R	EG. NO.		
į	1. DECEDENT'S NAME (First, Middle, Last) Catherine Veronica	Miller			2. DATE OF E	DEATH DAY	QUEAR	3. TIME OF DEATH 3.50 P. M.
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF B	IRTH	Count	HPLACE (State or Foreign
	Se. FACILITY NAME (If not institution, give street and number)	,,,	SP CITY TOWN	OR LOCATION OF DE	مر مده		L COUNTY OF F	altimore
DIRECTOR	St. Agnes RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH				
Si I	10s. STATE 10b. COUNTY	100 CITY	TOWN OR LOCA	TION				
	Md.		Itimo					10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1506 Meltenry St.	-10	101. ZIP CODE 109. CITIZEN OF				WHAT COUNTRY?	
	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.)				E — American Indian, k, Whits, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:							White
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S U	SUAL OCCUPAT	ON	16b. KINI	OF BUSIN	ESS/INOUSTRY	.01111
5	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wo	ork done during m retired.)	ost of working				
COMPLETED	8TH GRADE	CLERK			P	HARMA	CY	
0	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)							
BE C	BENEDICT PLUNGIS			ELIZABE:	TH SIM	MONS		
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rural Ro	oute Number C	ity or Town !	State Zin Code)	
2	MRS. PATRICIA SKANE			AVENUE -				230
1	20a METHOD OF DISPOSITION 1 \(\sum_{\text{Burlel}} 2 \subseteq \text{Cremetion} 3 \subseteq \text{Removal from State} \)	20b. PLACE AND DATE OF		ama of	OATE	20c. LOCAT	TION — City or To	wn, State
	4 Donation 5 Other (Specify)					TIMORE	TIMORE	
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	00		ND ADDRESS OF FAC		TNO		
	Yuena -	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229					m 21220	
	23. PART I. Enter the diseases, or complications that ca	used the death. Do no	ot enter the me	ode of dying, such	aa cerdiac	DALII or reepirat	lory arrest,	D. 21229 Approximate
1	ahock, or haart fallure. List only one cause on each line. Interval Between Onset and Death							
ĺ		AS A CONSEQUENCE OF	I. Cu	م	36 Rours			
				No. or				
Z	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
A T	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.) Due to (or as a consequence of): Caece and any loss of Descent and Caece and Consequence of): Due to (or as a consequence of):							
SE	CAUSE (Disease or injury that initiated events DUE TO (OR	AS A CONSEQUENCE OF	16 8	ssemi1	-0800	· C		1 Kronbl
CERTIFICATION	resulting in death) LAST	Latie po	auc200	Lie co	21054	-11-	-3	5 month
EDICAL	PART II. Other significant conditions contributing to dea	ith but not resulting in	the undarlylr	g causa given in F	ert i. 24a.	WAS AN AU PERFORME		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă					_ 15	YES 2 N	NO	OF DEATH?
					- 1			1 TES 2 NO
PHYSICIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO							
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. P OTHER:	LACE OF DEATH (Chec	ck only one)			
×S	1 YES 2 NO 1 I Inpetient 2 ER	/Outpetlent 3 DOA	4 - Nursing Hor	ne 5 🗆 Residence 8				
	27. MANNER OF OEATH 1 Neturel 5 Pending 28a. OATE OF INJ (Month, Day, 1)		RY W	DRK?	28d. OEŞCRIB	E HOW INJU	JRY OCCURED	
à l	2 Accident Investigation	IIIDV — Al home form et		YES 2 NO	201 1 2217:01	1 (0)		
TEO	3 Suicide 8 Could not be determined 28. Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)						toute Number,	
ž II	29s. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred	at the time, date	and place, and due t	o the cause(e)	and manna	r an eleted	
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of exami				i) end manner as stated.			
1 29h SIGNATURE AND TITLE OF CERTIFIED								
a clear Bereine UD								
일	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O				100 0			
	MARK BERENZON. 900 Co	SIGNATURE -	Wat C	HOLE,	NAD Z	16-6		
	31. DATE FILED (Month Day 1994)							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to The HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									9	4	10001
1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF					MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	0 11		,				2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	bessie	belle	Meusi	law				June 2		199 Y	7.27A M
- 1			(In yrs. last birthday)	IF UNDER		HOURS	24 HRS. MIN.	7. DATE OF BIFTTH (Month, Day, Year)		8. BIFTH Count	IPLACE (State or Foreign
į	220-22-7367	1 □ M 2 🔀 F 95	YRS.	MONTHS	DATS	HOURS	MIPI.	JAN.31,189	9		RGINIA
	9a. FACILITY NAME (If not institution, give stre			9b. CITY,	TOWN OF	R LOCATIO	N OF DE	ATH	9c. CO	JNTY OF D	EATH
DIMECTOR	SHADY GROVE HOSPIT	ΓAL		SH	ADY	GROV	E, M	D	Mo	ONTGO	MERY
5 F	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I in an	Y. TOWN O					_		
		TOO EDW		,							10d. INSIDE CITY LIMITS?
		rgomery	GA	AITHE							1 YES 2 X NO
LONERAL	104. STREET AND NUMBER				101.	ZIP CODE					WHAT COUNTRY?
<u> </u>	211 RUSSELL AVENUE	<u> </u>				20	877		U.	S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER II FORCES? 1 YES	N U.S. ARMED					IC ORIGIN? (Specify Year, Puerlo Ricen, etc.)	or No-	14. RACI	E — American Indian, k, White, atc.
- 41	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D				2 X NO				Spec	thv:
											WHITE
COMPLEIED	15. OECEDENT'S EDUCA (Specify only highest grade of	ompleted)	18a. DECEDENT'S (Give kind of	work done d			7	16b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iiii Do NOT u					_			
-	8TH GRADE		NURSE						IOSP	ITAL	
3	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden	Sumame)		
╏╟	JOHN WEEDON					Si	ARAH	INSCOE			
5 II	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Tow		,	
- 11-	WILLIAM M. MEUSHAW		715 N	IAIDE	N CH	OICE	LAN	E - CATONS	VILI	LE, M	D. 21228
	20a. METHOO OF DISPOSITION (X) Burial 2 Cremation 3 Remov	val from State Cent	PLACE AND DATE					OATE 20c. LO	CATION -	- City or To	own, State
	4 Donation 5 Other (Specify)	L	OUDON PA						LTI	10RE	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE //				ADDRES		L HOME INC	1		
	Cackie IV.	Skanne	~~						-		
1	23. PART / Enter the diseases, or co	emplications that cause	d the death. Do.	not enter	the mod	LLKEI	NS A	VENUE-BALT	TMO	KE, M	
1	shock, or heert fellure. Li	ist only one ceuse on e	ech line.	not enter	tire mou	ie oi uyii	ry, auci	an ceruiec or reap	recory e	reat,	Approximete Interval Between
	iMMEDIATE CAUSE (Finei disease or condition	1 /	11.					//			Onset and Death
	resulting in death) e.	DUE TO (OR AS A	ce se	osis		Down	re 1	not mor	Ma		hours
\parallel		/ DUE TO (OR AS A	CONSEQUENCE/C	F):							
5	Sequentially liet conditions, b.	DUE TO (OR 40)	CONSEQUENCE								
	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	r):							
En l'Indian	CAUSE (Diseese or injury C.	DUE TO (OR AS /	CONSEQUENCE C	IF)·							
	thet initiated events resulting in death) LAST		. GONDEGOENDE C	. ,.							İ
3	d.										
111	PART ii. Other significent conditions	contributing to deeth b	ut not resulting	in the un	deriying	cause gi	iven in I	Part I. 24s. WAS AN		24b	WERE AUTOPSY FINDINGS
2	51104	delizale	ation		Can	tid,	sten	PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
	rectal bluding	diffet	1 milli	tus					22 110		OF DEATH?
rnisiciam, medical	DID TOBACCO USE CO	ONTPIRITE TO	CALISE OF	DEAT	H YE	:c 🖂	NO				1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	SININIBOTE TO	CAUSE OF	DLA	_			ock only one)			
2	EXAMINER?	HOSPITAL:		OTHER	t:			1 14			
	27. MANNER OF DEATH	1. Inpatient 2 ER/Outp	28b. Tif				idence	6 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	IN IN	JURY	28c. INJU WOR	HC?		28d. OEŞCRIBE HOW I	NJURY O	CUHEO	
	2 Accident Investigation	20- BLACE OF IN ILIM	44.54			ES 2 [NO				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	- At nome, term,	street, racto	ory, omca		- 1	281. LOCATION (Street a City or Town, State)	ind Numbi	er or Rumal I	Route Number,
	OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE O										
		IAN: To the best of my know									
T I	One) 2 MEDICAL EXAMINER:	On the besis of examination	n and/or investigati	on, in my op	pinion, de	ath occure	d at the	time, data and place, an	d dua to	the cause(s	and manner as stated.
u III	296. SIGNATURE AND TITLE OF CENTRIES	13			1	29c. LICEI	NSE NUM	BER	29d. DA	TE SIGNEO	(Month, Day, Year)
o	David V.	Xass my	2			1	027	911		6/2	4/94
2 ⊪	NAME AND ADOPES OF DEGEON WAY	COMPLETED CAUSE OF DE	ATM STEEL ATM ST	0:4	_			1 1		-1-	111/

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COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRATE SIGNATURE

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Kendall R. Faulkner, MD

JUN 2 7 1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 2. DATE OF DEATH :45P 0 Raymond Floyd Miller 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign DAYS HOURS MARYLAND 69 MX M 2 F 216-20-3082 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE RECTOR STELLA MARIS HOSPICE TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE LUTHERVILLE ā 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 312 LINCOLN AVENUE 21093 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WITH OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2/ Married 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) TEACHER BALTIMORE COUNTY SCHOOLS 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MAMIE ELIZABETH KRAMER FLOYD RAYMOND MILLER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 312 LINCOLN AVENUE LUTHERVILLE, MD. 21093 BETTY M. MILLER 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Denation 5 Other (Specify) 6/24/94 HEREFORD, MD. HEREFORD BAPTIST CEM 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHN E. DOLAN RUCK TOWSON FUNERAL HOME INC. 1050 YORK ROAD TOWSON, MD. 21214 23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, ahock, or heart fallure. List only one cause on each line. interval Between Onsat and Daath IMMEDIATE CAUSE (Final disease or condition ANCREATIC CANCER 6 mos resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 | Nursing Home 5 | Rasidence 6 & Other (Specify) | Hospice HOSPITAL: NO 1 | Inpatisnt 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH

1 Natural 5 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO BY 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated TO THE FUNERAL IS to THE MINING TO THE INFORTANT: If IN (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(a) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Ctaulkalem! D25643 00/94

2300 Dulaney Valley Road,

32. REGISTRAR'S SIGNATURE

Towson, Maryland

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TIMENT OF HEALTH		L HYGIENE REG. NO.		
	DECEDENT'S NAME (First, Middle, Lust)	Corter	E.	Marshall	MON	E OF DEATH	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 232-20-777/	1 - M 2 X F 7	in yrs. last birthday) 7 YRS.	MONTHS DAYS HOURS	MIN. (Mon	E OF BIRTH th, Day, Year) -13 - 1	8. BIRT	(HPLACE (State or Foreign thry) Uest. Va
TOR	99. FACILITY NAME (If not institution, give si 56/0 40 H RESIDENCE OF DECEDENT	- Road		Ba H	TION OF DEATH '		9c. COUNTY OF	DEATH
DIRECTOR	100. BTATE 10b. COUNTY	′	10c. CIT	Y, TOWN OR LOCATION	-			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	Donal		101. ZIP CO	DE / 2 / 2		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT If yes, specify Cut	OF HISPANIC ORIGI	IN? (Specify Yee or Rican, etc.)	No- 14. RAI	CE American Indian, ck, White, etc.
ED BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES 2 NO				city: Black
COMPLETE	(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during most of worl	ing	b. KIND OF BUSIN	ESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Lest)			18. MO	THER'S NAME (First,	Middle, Maiden Su	rneme)	
BE (190. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street and Numb	En OWA	nber, City or Town,	Stete, Zip Code)	
유	James W. Man	rshall	3030	O N. Gran	Hey He	re Ba	Ho, MO	21215
	1 Buriel 2 Cremetion 3 Remo		PLACE AND DATE	of Distribution (Name of)	Ac 925	194 Har	relails	Truch fid
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/	Hauh	ESS OF FACILITY	ast		21215
	neen	almy		43	00 000	alash	- Due	Batterel
	IMMEDIATE CAUSE (Finel	a. My Con	ach ilne.	,	ying, auch aa ce	rdiec or reapiral	tory arrest,	Approximata Interval Between Onaat and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. The II our to con as a con con con con con con con con con con		Pieles				
AL AL	PART II. Other significent condition	e contributing to deeth b	ut not resulting	In the underlying ceuse	given in Part I.	24a. WAS AN AU PERFORMS		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC						1 - YES 2 X	NO	OF DEATH?
N: M	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH YES [] NO [1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	edlant 2 🗆 DOA	OTHER:	DEATH (Check only o			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	4 Nursing Home 5 X1 E OF 28c. INJURY AT WORK? M 1 YES 2	28d. DE	er (Specify) SCRIBE HOW INJU	URY OCCURED	
	3 Suicida e Could not be 4 Hemicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	etreet, lectory, office	281. LO	CATION (Street end or Town, State)	Number of Rural	Routa Number,
COMPLET		CIAN: To the best of my knowl R: On the beele of examination						(e) end menner es stated.
BE C	296. SIGNATURE AND THE OF CERTIFIER				ENSE NUMBER			D (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type		4748		6	23.94
	24 DATE EILED (Many) Dr. Mari	Lan organization						
	JUN 2 7 1994	REGISTRAR'S SIGN	Mandelle					
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DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYRICIAN, TRAUNING	DIRECTOR: After
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	1. DECEDENT'S NAME (First, Middle, Last)	0	men	11.1	1	2		2. DATE	OF DEATH			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		1/19/	11011	0/4	5		0	(0 D	3 9	4	5:05P
	215 → 24 == 3810	1 M 2 X F	6. AGE (In yrs. les	YRS.	IF UNDER 1		UNDER 24 HRS.	7. DATE	of BIRTH h. Day, Year) 24 → 1908	8 M	Country) WYLL	NCE (State or Foreig And
DR	98. FACILITY NAME (II not institution, give si Johns Hopkins Bay	troot and number) Niew Med	ical Cer	iter	96. CITY, 1 Bal	timo)	DCATION OF D					te City
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CITY	TOWN OR	LOCATION					100	d. INSIDE CITY
	Maryland Balt	timore		D	undal	2k						LIMITS?
ERAL	100. STREET AND NUMBER 2911 Duntan Road	Apartmen	t B			101. ZIP 2122	CODE 22					tates
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2 X		If:	yes, specify	ENT OF HISPA Cuban, Mexico XNO Specia	nn, Puerto	N? (Specify Yea Rican, etc.)			American Indian
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Han School) (Gi	Do NOT us	e retired.)	uring most of		Be	altimo	re Cou		
E COMPL	17. FATHER'S NAME (First, Middle, Last) John Sebastian Mi	iller				18.	MOTHER'S NA	AME (First,	Middle, Maiden	Sumame)	ann	1,75
TO B	190. INFORMANT'S NAME (Type/Print) Wr. Edward O. McN	licholas,	Jr. 3.	MAILING 57 He	address ((Street and N	umber or Aural UE QUE	Route Num	OWN, M	n. State, Zip Co UYLAN	d 21	658
ď	20s. METHOD OF DISPOSITION 1	oval Irom State	20b. PLACE A cemetery, cra MOST	MODATEO	F DISPOSIT	TION (Name of	Cam	DAT	27 Bal	CATION - CITY		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0	1029	Duc	da-Ru	CR FUN	eral	Home (of Dun	dalk	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	e	Cerel			ular	of dying, suc	cci	dent	_		
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	Cereta (OR AS A CONSECTION AS	DUENCE OF):	ular		cci	dent			
IN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition Arria	DUE TO (OR AS A CONSEC	DUENCE OF):		- a		24a. WAS AN PERFOR	AUTOPSY IMED?	CO OF	Onset and 2 00 RE AUTOPSY FIN ALLABLE PRIOR TI MPLETION OF CA DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition A Tria PART II. Other significent condition A Tria PART III. Other significent condition A Tria PART III. Other significent condition A Tria PART III. Other significent condition A Tria	DUE TO (OR AS A CONSECTION AS A CONSEC	DUENCE OF	OTHER:	lerlying ca	Use given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	CO OF	Intervel Bet Onset snd Ons
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition A Tria PART	b. DUE TO (OR AS A CONSECTION AS A CONSEC	DUENCE OF	OTHER:	lerlying ca	Of DEATH (C)	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MMED?	AM CO OF	Onset and 2 00 RE AUTOPSY FIN ALLABLE PRIOR TI MPLETION OF CA DEATH?
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition A Tria 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	b. DUE TO (c. OUE TO (d	OR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	OTHER: OTHER: OTHER: OTHER: A □ Nursil	28. PLACE: ing Home 5 28c. INJURY WORK? 1 □ YES	Of DEATH (C)	Part i.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY RMED? I NO	AM CO OF	RE AUTOPSY FINALABLE PRIOR TO COLORATI? YES 2 N
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent c	DUE TO (c. OUE TO (d	COR AS A CONSECTION OF AS A CONS	DUENCE OF DUENCE	OTHER: OTHER:	28. PLACE : ng Home 5 28c. INJURY WORK? 1 VES ry, offica	OF DEATH (C) Residence AT 2 NO	Part I. Beck only o B Other 28d. OE 28J. LOC	24a. WAS AN PERFOR 1 YES 2 1 YES 2 or (Specify) SCRIBE HOW II cation (Street a or Town, State)	AUTOPSY IMED? I NO NJURY OCCUP and Number or	1 [RED Rural Route	Onset and 2 A A A A A A A A A A A A
ETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (C. OUE TO (d	COR AS A CONSECTION AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJ	OTHER: OTHER:	28. PLACE : ng Home 5 28c. INJURY WORK? 1 VES ry, offica	OF DEATH (C) Residence AT 2 NO	Part I. Beck only o B Other 28d. OE 28J. LOC	24a. WAS AN PERFOR 1 YES 2 1 YES 2 or (Specify) SCRIBE HOW II cation (Street a or Town, State)	AUTOPSY IMED? I NO NJURY OCCUP and Number or	1 [RED Rural Route	Onset and 2 A A A A A A A A A A A A

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECRMENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF PEATH SOA M nnie 4. SOCIAL SECURITY NUMBER IF UNDER 24 HRS. 7. DATE OF BIRTH 6 AGE (In was last hirthday IF UNDER 1 YEAR 0 N 2 DF VAS Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution 9h. CITY, OR LOCATION OF DEATH OF DEATH Genation DIRECTOR (ente RESIDENCE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ballo 1 YES 2 | NO permit. 10e. STREET AND NUMBER 10f, ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 212 13 4.5. illed in by the funeral director, page 5 should be detached for use as the burial-transit 70 retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 It yes, specify Cube 1 Never Merried 2 Married Specify: Specify BY 3 Widowed 4 Di BLACK ETED. 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INCUSTRY ost of working alto My Elementary/Secondary (0-12) College (1-4 or 5+) ANIALION COMPL file 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surnema) Fitts 10 notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS /Stra et end Number or Rural Route Number, City or Town, State, Zip Code) 2 ILLIA MA 217/3 10 10 ours after death. Page 6 may be Pe 20e. METHOD OF DISPOSITION

1 M Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must PURP ment 0 MA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kocks Funeral Home 1304 1 medical 23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Between ŏ **IMMEDIATE CAUSE (Final** Onset and Death the cremation, disease or condition resulting in death) completery other traumatic event, BOX 68760. DUE TO (OR AS A CONSEQUENCE OF) executed wil burial, 0 (OR AS A CONSEQUENCE OF): umonia CERTIFICATION and Sequentially list conditions, prior to If any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events DIVISION OF VITAL RECORDS, P.O. resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlyifig cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 T NO OF DEATH? shows a 1 YES 2 NO this certificate has been 0 PHYSICIAN: na Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL THER: 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Home 5 - Reeldence 6 - Other (Specify) 20 the 27. MANNER OF BEATH 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME Q 28d. OEŞCRIBE HOW INJURY OCCUREO marked, With 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED 4 Homicide 28 Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated. (Check only one) FUNERAL within 72 h MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) BE THE FIELD 1 94 U 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. BEGITTAAHOSIGNATURE
FUNE DEVISOR-Andell 31. DATE FILED (MONT) 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 //	1. DECEDENT'S NAME (First, Middle, Lest						2. DATE OF DEATH		3. TIME OF DE
	FRANK MAG	UIRE F	rank J	. Mag	guire,	Jr.	монти	21	94 14:
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State of
	90. FACILITY NAME (If foil institution, give	1/5 M 2 F	101	YAS.	04 0070		11-09-	06	/nd
α	Illa vasa V II N	11 1100	1		90. CITY, TOW	N OR LOCATION OF D	e oo o		Y OF DEATH
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FUNERAL	11. MARTTAL STATUS	12. WAS DECEO	ENT EVER IN U.S.		13. WAS 1	DECENDENT OF HISPA , specify Cuban, Mexic	NIC ORIGIN? (Specify	Yes or No 14	I. RACE — American in Black, White, etc.
ВУ	1 Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE	E WAR OR OATES			YES 2 NO Speci			Specify: 2 1/2.
ED	15. DECEDENT'S ED	DUCATION	16a.	DECEDENT'S	S USUAL OCCUP	ATION	16b. KIND OF	BUSINESS/INDUS	STRY
LET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or	5+)		work done during use retired.)		U.S.	Army	
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BE C	190, INFORMANT'S NAME (Type/Print)	1100	WW.	19b. MAILING	3 ADDRESS (Stree	net and Number or Iftural	Route Number, City or	Town, State. Zin Co	nde)
5	WILLIAM C. MAGUIT	RE				lan Road			
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	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIR	TNPLACE (State or For
	219-26-1631	1 X M 2 □ F	55 YRS.	MONTHS DAYS	HOURS MIN.	9-21-38	Cou	Md.
~	90. FACILITY NAME (If not institution, gi			9b. CITY, TOWI	N OR LOCATION OF	DEATN	9c. COUNTY OF	DEATN
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EC	10a. STATE 10b. COU		10c. C	ITY, TOWN OR LOC	CATION			10d. INSIDE CITY
E	Md.		В	altimo.	re			XIX YES 2
ERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
KER	1608 W. Lafa	yette Ave			21217			USA
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	t2. WAS DECEDENT EX	YES DE NO	If yes,	specify Cuben, Mexic	ANIC ORIGIN? (Specify Yac can, Puerto Rican, etc.)	or No- 14. RA	CE - American India ack, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 Y	ES 2 NO Spec	ity:	Sp	Black
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5	Linda Murel							01015
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	1 /////	1/1/1	-	Alba	ow+ D 1	638 N.Gi Wylie F/H		t.21217
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DIVISION OF VITAL RECORDS, P.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within now a part of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE STATE OF MARTLAND	ERTIF	ICATE O	F DEATH	אוט אונ	REG. NO.	E .		
	1. DECEDENT'S NAME (First, Middle, Last)		TOTAL C		r	DATE OF DEATH			3. TIME OF DEATH
Ι.	RUTH E. MALLS					JUDS 20	10	YEAR	7:20P.M.
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	-	HRS. 7	DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	216 12 0923 A 10 M2 8 1 70	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year)	123	Count	0 11 0
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION	OF DEAT	<u> </u>		INTY OF D	11 4 15 11 16 2
8	9003 OLO HARFORD ROF	QF	5	ARAL	Y		B	116	MORE
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							Pro- 1 1	
E E	0 - 1 0 -	10c. CI I	TY, TOWN OR LO						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER		LARD	101, ZIP CODE			40 - 00		1 TYES 2 NO
HA!	9003 OLD HARFORD RO	00		0 1/	22/1		10g. Cr	11 6	NHAI COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS 0	ECENDENT OF	HISPANIC	ORIGIN? (Specify Yea	or No-	U . S	E — American Indian,
	1 Never Merried 2 Merried FORCES? 1 YES 25	NO	If yes,	specify Cuban, I		Puerto Rican, etc.)	01 140	Biac	k, White, etc.
ВУ	3 Wildowed 4 Divorced		1	LO LO	оросну.			l W	HITE
ED.	(Specify only highest grade completed)	(Give kind of	USUAL OCCUPA			16b. KIND OF BUS	INESS/IN	DUSTRY	
4	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	se retired.)						
COMPLET		12C B	LIAR	1 22					
	17. FATHER'S NAME (First, Middle, Lest) ROBSRT THOMAS RYAM			16. MOTHER	R'S NAME	(First, Middle, Maiden	Surname)		
8	NAME OF THE PARTY			1 -1	CAN	CSS H.	U	IVSI	2 10 11
일	Lest's CO OOLS	THE MAILING	ADDRESS (Street	I and Number or	Rural Rou	te Number, City or Town	n, State, Z	(p Code)	AB34
1	20s. METHOD OF DISPOSITION 20b BLAC	700	OF DISPOSITION	HHRE	OKT	DATE 20c. LO	T. A	City or To	9,110.
		crematory or o	other plece)	-C0: w	0	المحاد	MION -	- City or it	MARYLAND
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	53(11	22. NAME	AND ADDRESS	OF FACIL	X 941 RO	4911	1/955	1 HUSTAUD
	100017		EVA	NO CH	LLAA	041.RU	2015	122	
	March 4 Choral		38	AH OC	RFG	IRO KOX	70	MAG	Pkville
	23. PART I. Enter the diseases, or complications that caused the shock, or heert failura. Liet only one cause on each ii	death, Do na.	not enter the i	node of dying	g, such a	s cardiac or respi	ratory a	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	12/10	Cal	1.11	1	rcini		1	Onset and Death
	resulting In death) a. DUE TO (OR AS A CONS			AU C	10	vern		90	- 181005
_		SECOLINGE C	.,.						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	SEQUENCE O	NF):						+
8	cause. Enter UNDERLYING CAUSE (Disease or injury								
빌	that initiated events DUE TO (OR AS A CONS	SEQUENCE O	F):						
ᇤ	resulting in death) LAST								
	PART II. Other significent conditions contributing to death but no	t resulting	in the underly	Ing cause gly	en in Pa	rt i. 24e. WAS AN	AHTOPSY	246	. WERE AUTOPSY FINDINGS
CAL	Distractes Made	011	10	g ccaso g		PERFOR	MED?	1	AMALABLE PRIOR TO COMPLETION OF CAUSE
	- pritted five	and-	-			_ 1 □ YES 2	NO NO		OF DEATH?
Σ	DID TORACCO LICE CONTRIBUTE TO CA	UCE O	DEATH	VEC 🗆	NO	-/			1 TYES 2 NO
SICIAN	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL	USE OI		PLACE OF DEA	NO TH (Check	only one!			
S	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient	3 DOA	OTHER:			Other (Specify)			
PHY	27. MANNER OF DEATH 26s. DATE OF INJURY	28b. Tife	NE OF 28c.	NJURY AT		d. DESCRIBE HOW II	NJURY O	CURED	
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	IN.		WORK?	ND				
	3 Suicide 8 Could not be 26e. PLACE OF INJURY — At building, stc. (Specify)	home, farm,	street, factory, o	fice	20	St. LOCATION (Street a City or Town, State)	and Numbe	er or Rural i	Route Number,
2	4 Homicide determined					Only or lown, State)			
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge,	death occur	red at the time, d	nte and place, as	nd due to	the cause(s) and men	ner as at	rted.	
COMPLE	one) 2 MEDICAL EXAMINER: On the basis of examination and/o								s) and manner as stated,
E C	29b. SIGNATURE AND TITLE OF CERTIFIER			9c. LICENS	SE NUMBE	in .	29d, DA	TE SIGNED	(Month, Day, Year)
00	(Issum	- n	n	D3	3621	1		UNI	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type	e, Print)			*		OW	24/1174
	DR. JoHn & Downs 7	707	Oslan	DR	15	62wol-	^		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			CIN	7	10000	-		
- //	JUN 2 7 1994 Julia Savidson	Broketo	1						

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DIVISION OF VITAL RECORDS, P.O. BO

TO THE UNCOTAL IDENTIFICATION DEVICTORAL. The law sentines that the death confidents he sentially continue of the heavy has be retained by the housing the consistence of the confidence of the	10 THE FLOVERAL DIRECTORS After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE MOCDITAL	TO THE FUNERAL D	be filed within 72 h	IMPORTANT: If I

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) HI SOOK	PAIK				2. DATE OF OEATH MONTH D		3. TIME OF DEATH OGO M		
	4. SOCIAL SECURITY NUMBER 218-15-65 18			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 24	8.	BIRTHPLACE (State or Foreign Country)		
OR		Road	90	~	YSVILLE		9c. COUNTY			
DIRECTOR	10a. STATE 10b. COUNTY	TIMORE		OWN OR LOCATI				18d. INSIDE CITY LIMITS? 1 YES 2 1		
	100. STREET AND NUMBER	D 1			ZIP CODE			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	NDENT OF HISPAN	IC ORIGIN? (Specify Yes, Puerlo Ricen, etc.)	s or No.— 14.	. RACE — American Indian, Black, White, atc. Specify:		
8	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos	N t of working	16b. KIND OF BU		(OREAN TRY		
COMPLET	6	Conlege (I-4 or 5+)	Housew	IFE		HOME	=			
	17. FATHER'S NAME (First, Middle, Last)	41			18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)			
O BE	19a. INFORMANT'S NAME (Type/Print)	0,	19b. MAILING AD	DRESS (Street en		oute Number, City or Tox	vn, State, Zip Co	de)		
10	NAM HYUN	PAIK	1004	BOSLE		ockeysvil				
	20e, METHOD OF DISPOSITION 1	oval from State come	PLACEAND DATE OF D etery, crematory or other DLANEY VA	Place)	lem Gds	6/25/4 TIN	ACMIUM	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC) Chaves	h	EVAN 2325	S CHAP YORK R	EL OF CH	imes im, Md	,21093		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, ehock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?						24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
N.	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO	X		TO TES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che					
ЭНХ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU		8 U Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	RED		
BY F	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, atreat, factory, office building, etc. (Specify)								
COMPLETED		CIAN: To the best of my knowle						euse(a) and manner ea stated.		
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	1 Knodel	e, mo		29c. LICENSE NUM			IGNED (Month, Day, Your)		
	DR. ROBERT G.	o completed cause of DEA	TH (ITEM 27) (Type, Pri	mol Osla	er Dr "	Towson, A	Nd. 2	1204		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	TURE		-	-				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an about heard to death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	A PA	K			2. DATE OF DEATH MONTH DATE OF A	AY YE	EAR 09:30 AM M	
	219–27–2088	1 □ M 2 😡 F 5.	5 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 07-24-3	### SHRTH Day, Year) -24-38 8. BIRTHPLACE (State or Foreign Country) KOREA		
TOR	90. FACILITY NAME (If not institution, give street HOWARD COUNTY GEN RESIDENCE OF DECEDENT				OLUMBIA	ATH	9c. COUNTY OF DEATH HOWARD		
DIRECTOR	10a. STATE 10b. COUNTY	HOWARD	10c. CITY,	TOWN OR LOCAT	OTT CITY	ζ	10d. IN:		
FUNERAL	3120 WHEATON WAY	APT. E		101. ZIP CODE 21043			10g. CITIZEN OF WHAT COUNTRY? KOREA		
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO	13. WAS DEC If yes, spe 1 YES	RACE — American Indian, Black, While, etc. Specify: ORIENTAL				
COMPLETED			life. Do NOT use i	k done during mo: etired.)			16b. KIND OF BUSINESS/INOUSTRY		
OM	12 17. FATHER'S NAME (First, Middle, Last)		HOMEM	AKER	18. MOTHER'S NA	ME (First, Middle, Malden	HOME Sumame)		
BEC	SUNK HYUN LIM				LEE (,		
2	19a. INFORMANT'S NAME (Type/Print) YONG SU PAK (H	IUSBAND)				COTT CITY		LAND 21043	
	20a. METHOD OF OISPOSITION 1 X Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata cemeter MEA	ACE AND DATE OF ry, crematory or othe DOWRIDGE	CEMETI	RY 06-27	7+94 DOR		City or Town, State MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	the L	_	LEROY	DMONDSON	SELL C WIT	CATONS	NERAL HOMES VILLE MARYLAND	
CERTIFICATION	23. PART I. Enter the diseases, or complications that posed the deeth. Do not enter the mode of dying, such as cardiec or respiretory streat, ehock, or heart feiture. List only one cause on each line. Approximate interval Between Onset and Death Clear Consulting in death) DUE TO (OR AS A CONSEQUENCE OF): By East Con Consulting in death Consultione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.					Part I. 24a. WAS AN PERFOF	MEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ü.	DID TOBACCO USE CO	ONTRIBUTE TO CA	AUSE OF	DEATH Y	ES NO				
SICI		IOSPITAL: X Inpatient 2 - ER/Outpatie		THER:	ACE OF DEATH (Ch	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (WO WO	RK?	26d. DESCRIBE HOW I	NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	be be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					and Number or F	Rural Route Number,	
COMPLETED		AN: To the best of my knowledg						ause(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF SERTIFIER	~ W.	.D.		29c. LICENSE NUN		29d. DATE SI	GNEO (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON MO	COMPLETED CAUSE OF OEATH	HC (ITEM 27) (Type, PI		Colum	is u	.0.		
	31. DATE FILE UNIT. 27. 7-1994	32 JEGSTRAPS SIGNATU	-Andree						

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BALTIMORE, MARYLAND 21215-0020

EVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
1	1. DECEDENT'S NAME (First, Middle, Lest) RUTH PAGE Anna	Anna Ruth Page			2. DATE O	6/23/94	YEA	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 213-26-1885 5. SEX 1 ☐ M 2\(\tilde{\tilde{X}}\)F	6. AGE (In yrs. lest birthday) 6.4 YRS. Funder 1 Year					a Bi	RTHPLACE (State or Foreign		
LOB	99. FACILITY NAME (If not institution, give street and number) 1409 ARGYLE AVEN RESIDENCE OF DECEDENT	UE	9b. C	BALTI MOR	EE CI	TY	9c. COUNTY OF DEATH			
DIRECTOR	100. STATE 10b. COUNTY MARYLAND n/a		18c. CITY, TOW	BALTIMOF	RE		10d. INSIDE CITY V (JMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1409 ARGYLE AVEN	UE		101. ZIP CODE 21216	5		UNIT	OF WHAT COUNTRY?		
B	1 Never Merried 2 Merried FORCES?	NT EVER IN U.S. ARI I YES 2 ANAR OR DATES	MED 1	3. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 XHX Spec	an, Puerto Ri		E	ACE — American Indien, illack, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Gi	ive kind of work do:	kind of work done during most of working NO NOT use retired.)			ME AD			
BE CON	17. FATHER'S NAME (First, Middle, Last) LEONARD FISHER			16. MOTHER'S N	AME (First, Mi	ddle, Maiden S E E V	ANS			
TO B	190. INFORMANT'S NAME (Type/Print) ROSE BRIDGE FORTH	198	2805 V	SS (Street and Number or Rura V . LANVALE	Aoute Number	REET,	State, Zip Code BALT	IMORE,MD#16		
	20a, METHOD OF DISPOSITION XXSurlal 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of certification) Of Removal from State Certification Of Removal from State 20c. LOCATION — City or Town, State Certification Of Removal from State Certification Of Removal from State Certification Of Removal from State 20c. LOCATION — City or Town, State									
	21. SIGNATURE OF FUNERAL BEAVICE LICENSEE	- Jon		2. NAME AND ADDRESS OF F		3303				
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between									
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	(OR AS A CONSEC	DUENCE OF					Onset and Dasth		
NOI	Sequentially list conditions, ff any, leading to immediate Due to (on as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST d.									
A								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUT	E TO CALL	CE OF DE	ATH VEC COL		1 TES 2	€,NO	OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SIAN	25. WAS CASE REFERRED TO MEDICAL	E TO CAU	SE OF DE	28. PLACE OF DEATH (C	heck only one)					
YSIC	1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3		ER: ursing Home 5 Residence	8 🗆 Other	(Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF (Month, I	Pay, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d, DESC	RIBE HOW IN	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, tectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, tectory, office City or Town, State)						rai Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of control of the best of control one) (CERTIFYING PHYSICIAN: To the best of control one) (CERT							se(e) end menner ee stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER	1 ou	WS	29c. LICENSE NU				NED (Month, Day, Year)		
2	827 Li W. COMPLETIO AND	SE OF OEATH (ITER		e, WD	212	0 1		-//17.		
	31 DATE FILED (Month Day Year) July 32 BEGISTRI	AR'S SIGNATURE		VIII	-12					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the standard of the standard of the standard of the standard of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI				IYGIENE REG. NO.			
t. DECEDENT'S NAME (First, Middle Christi					2. DATE OF		YEAR	3. TIME OF DEATN 9;20 P.M	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		a Bioth	PLACE (State or Foreign	
223-30-38-99 9e. FACILITY NAME (If not institution	1 🗆 M 2 💢 F	77 YRS. **	ONTHS DAYS	HOURS MIN.	12-2	4-17	Country	Va.	
	rial Hospital	9		n Location of oi Itimore	EATN	9c. COU	NTY OF DI	EATN	
10a. STATE 10b.	COUNTY	10c. CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY	
Union Memo RESIDENCE OF DECEDI 10a. STATE 10b. Maryland					1+imoro			1 YES 2 NO	
10e. STREET AND NUMBER 2 1t. MARITAL STATUS 1 Never Married 2 Married	106. STREET AND NUMBER 2645 Asquith Street					10g. CiT	U.S.	YHAT COUNTRY?	
1t. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? t YES IF YES, GIVE WAR OR	2 ZNO	It yes, sp	ENDENT OF HISPAI ecity Cuben, Maxica 2 NO Specif	n, Puerto Rica	n, atc.)	14. RACE Black 31 aCk	— American Indien, t, White, etc.	
	T'S EDUCATION	18e. DECEDENT'S US	I OCCUPATION	NM .	165 KIR	D OF BUSINESS/INC			
(Specify only high	completed) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	k done during mo	st of working	IOD, KIP	ND OF BUSINESS/INC	JUSTRY		
17. FATNER'S NAME (First, Middle,	Lest) Henry Bro			18. MOTNER'S NA	ME (First, Midd	te, Meiden Sumame) Molly Pat		son	
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
19a. INFORMANT'S NAME (Type/Pr						City or Town, State, Zip			
Mary L	<u>. Woods</u>		Waver1			re, Mary		21239	
1 N Buriel 2 - Cremetion 3	20e. METNOD OF OISPOSITION 1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) Md. Nat'l Cem. 20c. LOCATION — City or Town, State 6-25 Baltimore, Maryland								
21. SIGNATURE OF FUNERAL SER				ID ADDRESS OF FA	CHITY				
· 7//	William C. Brown Community F.H. 1206 W. North Ave. Balto, Md. 21217								
23 PART I befor the disease	JN -000	d the death Death	F.H.						
ahock, or heart	ea, or complications that cause fallurs. List only one cause on	each line.	entar tha mo	da of dying, euc	h as cardiac	or reepiratory an	ree1,	Approximate Interval Between	
IMMEDIATE CAUSE (Final	IMMEDIATE CAUSE (Final								
resulting in death)	disease or condition resulting in death) a. CORONARY ATHEROSCIERCITIC / HYPERENSIVE HEART DISEASE Z Y								
	DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially that conditions	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): MANY YEARS								
if any, leading to immediata	ir any, leading to immediata								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		ATHEROS	CLERO.	212				YEARS	
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
D	d							1	
	onditiona contributing to death	but not resulting in	the underlyin	cause given in	Part i 24	. WAS AN AUTOPSY	245	WERE AUTOPSY FINOINGS	
11011 11011	UN DEPENDENT				1	PERFORMEO?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
					_ ''	YES 2 NO		OF DEATN?	
DID TORACCO I	JSE CONTRIBUTE TO	CALISE OF I	SEATH V	ES NC				1 - YES 2 NO	
25. WAS CASE REFERRED TO ME		CAUSE OF E		ACE OF DEATH (Ch	- K-N				
EXAMINER?	HOSPITAL:		THER:						
DID TOBACCO L 25. WAS CASE REFERRED TO MEI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	28a. DATE OF INJURY			e 5 Residence		BE NOW INJURY OC	CURED		
1 Netural 5 Pendi	(Month, Day, Year)	INJUR	Y WC	RK?	200. DESCRI	BE NOW INJURY OC	CORED		
- Dracingin	igstion 28° DI ACC OF IN ILIE	N At home to see		ES 2 NO					
3 Suicide 8 Could 4 Nomicide 8 Certifyin (Check only one) 2 MEDICAL (building, atc. (Sp.	IY — At home, term, streecify)	ет, нестогу, отпо		City or R	ON (Street and Number own, State)	or Rural R	loute Number,	
29a. CERTIFIER (Check only	G PNYSICIAN: To the best at my kno	wledge, dasth occurred	st the time, date	and placa, end due	to the causels	a) and menner as sta	ted.		
one) 2 MEDICAL I	EXAMINER: On the beals of exeminati) and menner as stated.	
		-							
Michael	12.00.0 IAN			29c. LICENSE NUI		29d. DAT	SIGNEO	(Month, Day, Year)	
	SON WHO COMPLETED CALLER OF	EATH //TEM AT /3-	-(e)	DISSI		6	43	174	
MICHAEL I	MICHAEL L. FISHER, MD UNIVERSITY OF MD HOSPITAL BACTIMORS, MD 21201								
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		OF INL	LINSKILL		HUMUG	MU	<120 l	
HIN 9 7 100/	Julie Davidson-A								

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NG PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
IL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, th	
TO THE HOSPIT	TO THE FUNERY be filed within 7	IMPORTANT:	

	1 - STATE STATE	OF MARYLAN	D / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Linst) The Lina R. Ph		<u> </u>	IONIE OI	DEATH	2. DATE OF DEATH MONTH DAY	/ 994	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2/5-/8-543/ 9a. FACILITY NAME (If not institution, give street and mut	K F 72	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 3-2-1922	8. BIRTI	APLACE (State or Foreign anyland		
CTOR	55 Avalon Ave			Balti		EAIN	Baltin			
L DIRECTOR	10e. STATE 10b. COUNTY Florida 10e. STREET AND NUMBER	·Pinellas 0.				Oldaman 10d. MSIDE CITY LIMITS?				
FUNERAL	478 Trout Lane 346				3467	4677 U.SA.				
BY	1 Never Married 2 X Married FORCE	ECEDENT EVER IN U.S S? 1 TYES 2 , GIVE WAR OR DATES	ZNO.	If yea, s	ecity Cuben, Mexico	NIC ORIGIN? (Specify Yee or on, Puerto Rican, atc.) y:	r No 14. RACI Blac Spec	E—American Indian, k, Whita, etc. """: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)	Give kind of with Do NOT us Cama		TION 16b. KINO OF BUSINESS/INDUSTRY CLothing					
BE COM	17. FATHER'S NAME (First, Middle, Last) John Chesser				Hilde	ME (First, Middle, Maiden Su a Lyle	imame)			
5	19a. INFORMANT'S NAME (Type/Print) Mr. Calvin I. Phoe		196. MAILING	nout L	ane Oli	turel Route Number, City or Town, State, Zip Code) Ldsman, Flonida 34677				
	209. METHOD OF DISPOSITION 143 Burlel 2 Cremetion 3 Removal from S 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	tate 20b. PLA cometery Gal	CEAND DATE of Crematory or o rdena	of Disposition (N	th Cem	. 6/27 Be	ation — City or to	ld.		
	Doay D. An	th		Hant 7527	Ley Mi. Harfo	llen Funer nd Rd. Bas	ral Hom lto.,Mo	ne 1. 21234		
	23. PART I. Enter the diseases, or complication ehock, or heart failure. List only of immediate CAUSE (Finsi disease or condition resulting in death)	h as cardiac or respira	tory srrest,	Approximate intervel Between Onset and Death 34eas						
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
ا بر	d									
PHYSICIAN: MEDIC	PERFORMED? 1 YES 2 NO COMPLETION DE CAU OF DEATH?							COMPLETION DF CAUSE		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	AL:	4 4 🗆 004	OTHER:	LACE OF DEATH (CA					
ву рну	27. MANNER OF DEATH 28s. I	DATE OF INJURY Month, Day, Year)	28b. TIM	E OF 28c. IN.	IURY AT DRK? YES 2 NO	6 Other (Specify) 28d. OESCRIBE HOW INJ	URY OCCURED			
- 10	3 Suicide 28e. F	PLACE OF INJURY — A pullding, etc. (Specify)	it home, farm, s	itreet, factory, offic	•	281. LOCATION (Street and City or Town, State)	d Number or Rural i	Route Number,		
3 Suicros 4 Homicide Specify Section State Specify S								i) and manner se stated.		
O BE	29b. SIGNATURE AND THE OF CERTIFIER	+ AD			29c. LICENSE NUI	MBER :	DATE SIGNED	(Mgnth, Dey, Year)		
	30. NAME AND ADORESS OF PERSON WHO COMPLET HENRY A. F. TIND Bla. 31. DATS SLED (Month, Day, Year) 32 RI	lock 68	8 10	hus Ho	skins to	sp Bell	more de	1021287		
	JUN 2 7 1994 Jul	ie Davidson-V	Andree			,				



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BALTIMORE, MARYLAND 21215-0020	аде 6 тау be	Alternation and
BALTI	after death. P	A
4	Ours	A CHANGE
30X 68760,	ate be executed within yours after death. Page 6 may be retained by the hospital or attending physicic	and the same beautiful to the same of the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital Council of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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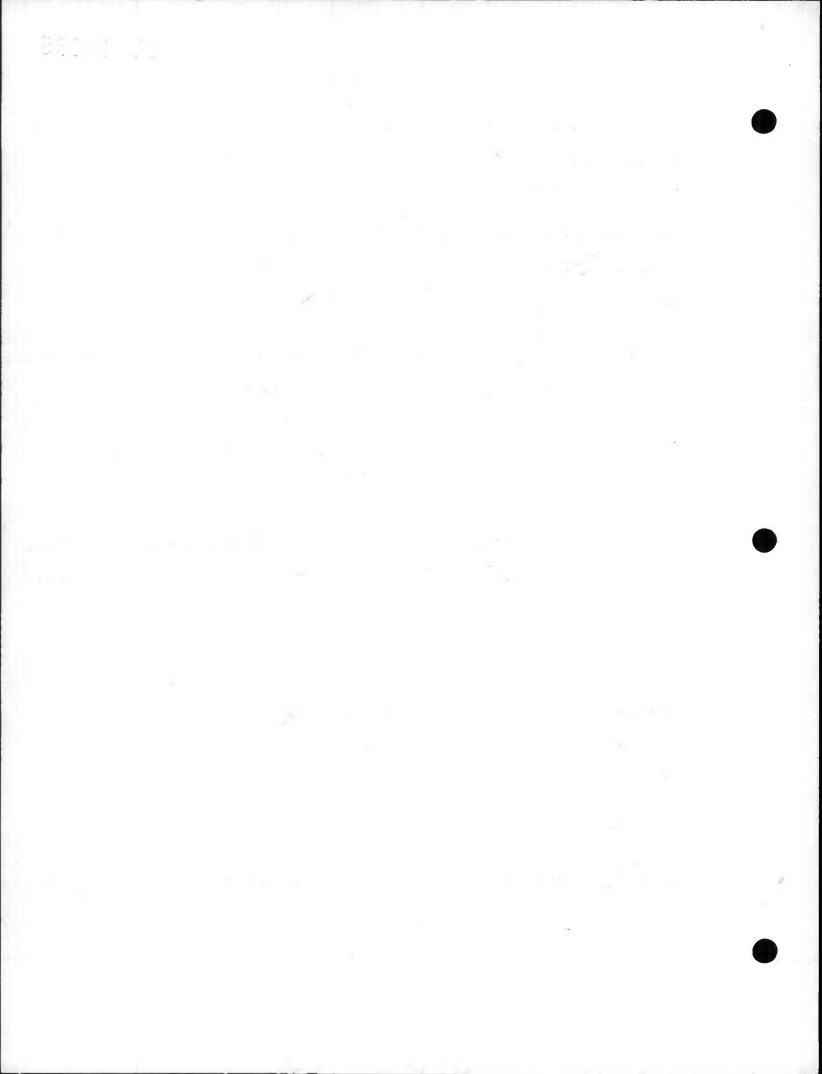
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEAT		ENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Clarence Powell		2. DATE OF GEATH DATE 23	1949	3. TIME OF GEATH 4: 20 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 1 O 1 YRS. 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS 96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATIO	MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-16-		ryland				
CTOR	Liberty Medical Center Baltimore			9C. COUNTY OF D	EATH				
DIRECTOR	Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	2709 Elsinore Ave. 2121			10g. CITIZEN OF V	VNAT COUNTRY?				
à l	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15. WAS DECEDENT OF 16 yes, specify Cubsn 1 YES 2 NO	n, Mexican,		Black	E — Americen Indian, k, White, stc. #// Black				
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Carpenter	g	Self	Employ	red				
BE CON			Foreman	Surname)					
2	196. INFORMANT'S NAME (Type/Print) Walter Hardy 196. MAILING ACCRESS (Street and Number of 6231 Robin Hi	or Rural Ro	ute Number, City or Town Rd. Balt	State, Zip Code)	Maryland 21207				
	4 Donation 5 Other (Specify) Woodlawn Cemetary	Commetter 2 Cremetton 3 Removal from State Commettery, Cremetory or other place) Woodlawn Cemetary 6/27 Baltimore, Md.							
	Harbert E. Nutter 2501 Gw Baltimo	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Home 2501 Gwynn Falls Parkway Baltimore, Maryland 21216							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abook, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) PREUMONIA / Sepsis								
CERTIFICATION	disease or condition resulting in death) PREUMONIA/Sepsis DUE TO (OR AS A CONSEQUENCE OF): Gastrointestinal Bleeding DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events reculting in death) LAST CAUSE (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Hy Pertens I 500 1 YES 2 NO 1								
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 28. PLACE OF DE OTHER: 1 No inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Res								
ВУ РНУ	27. MANNS OF OEATH 1 [] Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY AT WOORK? M M 1 YES 2 NO								
	2 Accident investigation 3 Suicide S Could not be 4 Homicide Description 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and making the course of the			s) and manner es stated.					
0 00 01	296, SIGNATURE AND TITLE OF CERTIFIER LEOSAE WILL THE MD. 29c. LICEN DY	136	55	29d. DATE SIGNED Juna	(Month, Day, Year) e 23,1994				
336	Llonge C. Will III MD. 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) George E. Wicks III MD. 2600 Liberty Heights Ave								
	JUN 2 7 1994 July Danien Russe			-					

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RicHAROSON 9:48P.M. DORIS STIL 20A. JUNE 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 22 1 M 2 M F 8918 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RUXTO DIRECTOR MANOR CARLE CARI BALTIMORE Pages 1, 2, 3 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1ARYLAND HARFORD 1 YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 3808 KOAO 21154 U-S ·A retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced FILKU COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) HYRS BALLIMORE DRIVER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, notified at WOODWARD MAKAILO BE 19a. INFORMANT'S NAME (Type/Print) 21154 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AOA 122517 rours after death. Page 6 may be 20g. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Buriat 2 Cremation 3 4 Donation 5 Other (Specify) this certificate has been signed by the attending physician and completely filled in by the funeral director, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. v AUL 6-30 morium 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY M TO LIAPKS WAYS EmoRiss house 8800 HARFORD and medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one dayse on each line. Approximate shock, or heart fallura. List only one intarval Batween IMMEDIATE CAUSE (Final Onset and Death the disesse or condition -5P RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 YSE1 other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES TO NO OF DEATH? shows : t TYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only on HOSPITAL OR ATTENDING PHYSICIAN: The **EXAMINER?** OTHER: 4 Nursing Ho 1 TYES 25 NO 1 Dentient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 26s. OATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 Natural 5 Pending trivestigation 1 YES DIRECTOR: After the hours after death BY 2 Accident hours after desitem 28 is n 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and maintained and the cause of the ca FUNERAL Within 72 h 2 MEDICAL EXAMINER: On the besis of examin TO THE FUNERA
be filed within 7
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CHIP 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Loa UNE 9 MPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) 38. REGISTRAR'S SIGNATURE
FUND DEVIDENT PROJECT



Pages 1, 2, 3 should

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Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

law requires that the death certificate be

HOSPITAL DR ATTENDING PHYSICIAN: The

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JUNE 15 1994 LACRETIA LENEE ROBINSON 4:35 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign th. Day. Y 215-82-2725 DAYS HOURS 1 M 2 X F 33 YRS. 9-16-1960 MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2127 ETTING STREET BALTIMORE 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE CITY MARYLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 3300 ELGIN AVENUE USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY Specify 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only high Elamentary/Secondary (0-12) College (1-4 or 5+) UNKNOWN UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Syrname) SAMUEL ROBINSON WOMACK BE LETTIE R. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BROWN LEONA D. FAYETTE STREET, BALTIMORE, MD. 21223 2608 W. 20a, METHOD OF DISPOSITION
1 □ Seural 2 □ Cremation 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE MT. AUBURN CEMETERY BALTIMORE, MARYLAND ■ Donation 🔊 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete ahock, or heert fellure. List only one cause on each line. Interval Between NARCOTIC INTOXICATION IMMEDIATE CAUSE (Final Onset and Death disease or condition_ will reaulting in death) TO JOR AS A CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s WAS AN AUTOPSY ACQUIRED IMMUNODEFICIENTY SYNDROME 1 TES 2 NO DE DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only **EXAMINER?** HOSPITAL: OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Homa 5 X Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Accident FOUND 6-15-94 **UNKNOWI™** 1 YES 2 XXNO ВУ investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 XX Could not be determined COMPLETED 4 Homicide FOUND AT HOME 2127 ETTING ST. BALTIMORE, MD. 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNAT AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE EATH (ITEM 27) (Type, Print) O.C.M.E JUNE 24, 1994 2 Penn Street, Baltimore, Maryland 21201 2. REGISTBAR'S SIGNATURE

DHMH-16 Rev 1/89



STATE	OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
METER CONTRACTOR	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	A SHELLING	AME (First, Middle, Las	*					2. DATE OF DEATH	DAY 1	YEAR	3. TIME OF DEATH
	Virdie	Edith		Reyes				6/23/94			
	4. SOCIAL SECUR 216-20-	-3164	1 🗆 M 2 💢 F	8. AGE (In yrs. lest birt	"	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/18/2	5	Countr	PLACE (State or Foreign) yland
ECTOR	St. Agr	E (If not institution, given NES HOSPI OF DECEDENT					imore	EATH	9c. COUNT		more
DIREC	10a. STATE Maryla	10b. COU	timore	10	Lansdo		-				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 4133 Hollins Ferry Road				101	101. ZIP CODE 10g. CITIZEN C USA				VHAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2: IF YES, GIVE WAR OR DATES				H y	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 X NO Specify:				Yea or No- 14. RACE — American Indian Black, Whita, etc. Specify: White	
LETED	(S Elementary/Sec	15. DECEDENT'S El Specify only highest gra- condary (0-12)		(Give ki	NT'S USUAL OCC d of work done du OT use retired.)	UPATIO	ON st of working	16b, KIND OF BU	USINESS/INOUS	STRY	
COMPL	0-7th			line	worker			mfg			
BE CO	Homer :	e (First, Middle, Last) S. Gordon					Hattie	ME (First, Middle, Maide M. Breede	n		
0	The country of	NAME (Type/Print)	Cx					Route Number, City or Too Road Lans			21227
	20a. METHOD OF				ATE OF DISPOSITI			OATE 20c. L			
		Cremation 3 Ra	emoval from State					727/94 Cr			
	Sr Bigging Ch	THINGS SERVICE	LICENSEE					Fry. Rd.			Lansdow ne, MD 21
	23. PART I. Enter sho IMMEDIATE CA	ck, or heart failur	compilections that	e on each line.	Do not enter th	he mo	de of dying, suc	h ss cerdlec or res	piratory erres	it,	Approximet Interval Bet
ERTIFICATION	sho	use (Finel ditton with) at conditions, to immediate NDERLYING e or Injury rents	a. Possib Due to (c	on each line.	Do not enter the	he mo	de of dying, suc	h ss cerdlec or res	piratory erres	it,	Approximet Interval Bet
: MEDICAL CE	IMMEDIATE CAI disease or con- resulting in der Sequentielly ils if any, leeding i cause. Enter UI CAUSE (Disease that initieted ex- resulting in des	use (Finel ditton with) at conditions, to immediate NDERLYING or Injury rents with) LAST	a. Possib Due to (c	OR AS A CONSEQUENT OF AS A CONSE	Do not enter the CE OF): CE OF): CE OF):	4 O	de of dying, suc	h as cerdlec or response.	N AUTOPSY PRMED?	ot,	Approximet Interval Bet Onset and I
: MEDICAL CE	IMMEDIATE CAI disease or concresulting in des Sequentielly lis if any, leeding to cause, Enter UI CAUSE (Disease that initieted expresulting in des PART II. Other HOUD CAD	use (Finel ditton with) At conditions, to immediate NDERLYING e or injury rents with) LAST	a. Possib DUE TO (C DUE TO (C DUE TO (C DUE TO (C	OR AS A CONSEQUENT OF AS A CONSE	Do not enter the	He mo	de of dying, suc	Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	ot,	Approximet Interval Bett Onset and E Onset and E
SICIAN: MEDICAL CE	Sequentielly list if any, leeding to cause. Enter UI CAUSE (Disease that initieted expressions) PART II. Other HOUD 25. WAS CASE REF EXAMINER? 1 YES 2 []	use (Finel dition atth) At conditions, to immediate NDERLYING e or injury rents with) LAST Significant conditions atthick to the second to t	a. Possib DUE TO (C b. DUE TO (C d. DUE TO (C	OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN C	Do not enter the	eriying 2 5 28. PL	George given in SACE OF DEATH (Ch	Part I. 24a. WAS A PERFO	N AUTOPSY PRIMED?	246	Approximet Interval Bet Onset and I Onset
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an arter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEAD	TH AND MENTAL HYGIENE
CERTIFICATE OF DE	ATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT		MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	_	3. TIME OF DEATH	
	ALFRIO J.	STAMPOR	IL. JR.		JUM 22	1994	M M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give si	treet and number)	A YRS. MONTHS	DAYS HOURS MIN.	S187-271	921 C	PASS ACHUSETTS	
OR	GBMC.		32.51	nowson	LAIN		FORO	
<u>ا</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY	
DIRECTOR	MARYLAND HA	RFORD	-	MSTON			LIMITS?	
3AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	ALJA PLEASAN		90	3104	7	LU	.S.A.	
윤	11. MARITAL STATUS 1 Never Married 2 Married		2 NO	WAS DECENDENT OF HISPA It yes, specify Cuban, Maxic	en, Puerto Ricen, atc.)	ns or No— 14. I	RACE — American Indian, Black, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES 2 ND Specif	fy:	1	Specify:	
ED	15, DECEDENT'S EDUC (Specify only highest grade	CATION	16s. DECEDENT'S USUAL O		16b. KIND OF BU	SINESS/INDUSTI	TY TY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	auring most or working			10.5	
M M	12XRS.		120Hnical	WRITTER	A.A.	I. DOI	RAGRATION	
8	17. FATHER'S NAME (First, Middle, Last)	- 0 -		16. MOTHER'S NA	AME (First, Middle, Maide	Surname)	•	
BE		smoone 5			res Ps	ROLL		
2	19a. INFORMANT'S NAME (Type/Print)	· O	19b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or To	wn, Stere, Zip Code	" m 21047	
	20a, METHOD OF DISPOSITION	16/60US	19139 672	TRAUNING	10000	-AUSTO	0,110.	
	1 Burlet 2 Cremation 3 Remo	oval from State Can	 PLACE AND DATE OF DISPOS netery, crematory or other place) 	SITION (Name of	DATE 20c. L	OCATION — City	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC		16HVILU M	NAME AND ADDRESS OF FA	CILITY	Mrs 100	10-	
	100	ζ χ	٤	VANS FUNLR	AL CHAPL	1-BITH	i'R, P.A. aloso	
-	23. PART I. Enter the diseesea, or o	Mans, / b	3	15WPORT	DRIVE	ORUST	1111,00	
	ehock, Dr haert failure.	List only one cause on e	a the death. Do not enter each lina.	the mode of dying, suc	ch as cardiac or resp	piratory arrest,	Approximata Intarvai Batween	
	IMMEDIATE CAUSE (Final disease or condition A 5 4 0						Onsat and Death	
	resulting in death) a. OUE TO (DR AS A CONSEDUENCE OF):							
,						1	i	
ᅙᅵ	Sequentially list conditions, If any, leeding to immediate							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury	C						
	that initiated events resulting in daeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
	resulting in daeth) EX31	d						
4	PART II. Other aignificant condition	a contributing to death t	out not resulting in the u	nderlying cause given in			24b. WERE AUTOPSY FINDINGS	
		PERFORMED? 1 □ YES 2 ★ NO					AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							DF OEATH? 1 YES 2 NO	
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EVANINED? 26. PLACE DF OEATH (Check only one)							
X	1 TES 2 NO	Inpetient 2 ER/Outs	petient 3 DOA 4 Nu	sing Home 5 🗆 Realdence	6 Other (Specify)			
ᇤ	27. MANNER DF DEATH 1 Nstural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCURE	0	
B	2 Accident investigation	tigation T TES 2 ND						
COMPLETED	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At homa, farm, streat, tactory, office building, atc. (Specify) 28a. PLACE OF INJURY — At homa, farm, streat, tactory, office City or Town, Stree) 28f. LOCATION (Street and Number or Rural Route Number o						ural Route Number,	
۳	29a, CERTIFIER 150 CERTIFYING PHYSI	ICIAN: To the best of my know	dedon death occurred at the	Imp. data and place, and du	to the county's and			
M		R: On the basis of exemination					use(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU				
BE	and t					MRER 29d. DATE SIGNED (Month, De		
2	30. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	bag York		301	3,030	
	00 010 -00		1	Vac. Vac	Baco P.	a Vester	- No. 00	
	CIL DAMILOS LIE	STO BOTH	10	DAY TOKEN	11041116	11. 12 0 11	1711 (110	
	31. DATE FILED (Month, Day, Year) JUN 2 7 1994	32. REGISTRAR'S SIGN Julia Davidson	IATURE	PS14 1010V	TONO, LC	1.C.Y527.	1717 1.10	

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed ITN THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and con-

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND A CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
		Charles Hayward Sauerwein, SR.	6 19	94 4:50 AM					
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR IF UNDER 24 HRS. AND 1 S HOURS MINI.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
3 should	E E	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DE SIELLA PARIS HOSPICS 1 CUSO	ATH 90	COUNTY OF DEATH BALLING RE					
7	5	RESIDENCE OF DECEDENT		DALITACKE					
permir. Pages 1, 2,	L DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 10. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
Durial-transit per	FUNERAL	10. STREET AND NUMBER 101. ZIP CODE 12 IRUSINAY COURT APT 1A 2128	b	O. S.A.					
TRE DUFFAI	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES 2 NO Specify Cuben, Mexicar 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	No— 14. RACE — American Indian, Black, While, etc. Specify:					
8	ED	15. DECEDENT'S EDUCATION 188, DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY					
en in pa	COMPLET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) (Give kind of work done during most of working life. Do NOT use refired.)	112 8						
Once.	OM		ME (First, Middle, Maiden Surn	SI OFFICS					
3 %	ш	CLARENCE FRANKLIN SAVERWEIN SAR	H BSULA	H STALLY					
notified	TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural R 197. SAUS RUSSIO 12 IRUS DAY DURT	Route Number, City or Town, St.						
D o	'n	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATI	ON — City or Town, State					
r must		4 Donallon 5 Other (Specify) LOUDON PARK SMELER	y bath BAI	Jimore MARYLAD					
d. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	and RI.	717.34					
i exa	_ /	Charles t-Evolus in PARKY IN	MARYLAN	0.01					
or removal.		23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such shock, or heart fallure. List only one cause on each line.	as cardisc or respirato						
the m		IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ADENOCARCINOM A		Interval Between Onset and Death					
L. cremi		DUE TO (OR AS A CONSEQUENCE OF):							
rior to burial.	CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):	-						
E CO	CAT	Cause. Enter UNDERLYING CAUSE (Disease pr injury							
Mental Hygiene p	F	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST							
E P	H	d,							
E	AL (PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in							
2 20 20	MEDIC		PERFORMED 1 TYES 2						
of Health				1 TES 2 NO					
Dept.	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO	P-4						
State Dept.	C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	ock only one)						
the the	PHYS	1 VES 2 NO 1 Inputient 2 ER/Outputent 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 2sc. INJURY AT	6 Sother (Specify) HO:	spice					
marked,	ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation Investigation	250. DESCRIBE NOW INSUR	(1 OCCURED					
after d		3 Suicide S Could not be detarmined 28e. PLACE OF INJURY — At home, lerm, street, lectory, office building, etc. (Specify)	281. LOCATION (Street and A City or Town, State)	Number or Rural Route Number,					
hours	PLET	29e. CERTIFIER (Check only (Check only) (Che	to the Cause(s) and manner	se dated					
20 =	COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the t							
HTA	ш	29p. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM	IBER 29	d. DATE SIGNED (Month, Day, Year)					
be filed within 7	TO B	Trendale Ktaulbren MD 1256	13	6/20/94					
	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kendall R. Faulkner, MD 2300 Dulaney Valley Road, To	wson - Maryl:						
		21 DATE FILED (Month Day Word	moori, rary	AIM CILUT					
Į		31. DATE FILED (MONT) Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Andres							

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE OF MARYL REGISTRAR		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH MONTH DA	NY YEA	3. TIME OF DEATH				
	Julius	Schnitzle		June 2	7, 199	4 9:20 A M				
	073-28-2511 1 X M 2 □ F 8	(In yrs. last birthday) F UN YRS. MONTH	DER T YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) 05/24/1	Co	etherace (State or Foreign State)				
<u>م</u>	9a. FACILITY NAME (If not institution, give street and number)		ITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O					
ļ Ē	Hart Heritage Elderly Care H	ome	Street		Наз	rford				
DIRECTOR	Maryland Baltimore	10c. CITY, TOW	N OR LOCATION King	sville		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
1 AL	10a. STREET AND NUMBER	19	101. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?				
FUNERAL	11715 Hillside Road 11. MARITAL STATUS 12. WAS DECEDENT EVER I			1087		JSA				
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	2 X NO	13. WAS DECENDENT OF HISPA II yea, specify Cuban, Maxic: 1 YES 2 NO Specifi	in, Puarto Rican, etc.)	B	ACE — American Indian, Black, Whita, atc. Specify: White				
6	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUS	I SINESS/INDUSTR					
once. COMPLETE	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired	d.)							
MP Ge.	8 17. FATHER'S NAME (First, Middle, Last)	Truck	Driver	Baker	y Deli	Lvery				
2 2	Ignatz Schnitzler		18. MOTHER'S NA		egal					
BE SE	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDR	ESS (Street and Number or Rural)				
examiner must be notified at once. TO BE COM	June Laffan	11715 H	lillside Ro	ad Kings	ville,	, MD 21087				
nat	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State	b. PLACE AND DATE OF DISE netery, crematory or other place	POSITION (Name of		CATION — City o					
Ter Ter	1 Burial 2 Occremation 3 Ramoval from State Genetery, crematory, crematory, crematory, crematory, crematory, Inc. 6/28 Baltimore, MD									
Xam		7	Cremation S	ociety of						
	George E. MacNabb 23. PART I. Enter the diseases, or complications that cause		299 Frederi			, MD Z1ZZ8				
medical	shock, or heert fellure. List only one ceuse on e	each line.				interval Between Onset and Death				
,; #	disease or condition resulting in deeth)	State CI	AVIGR IN	u ha stot	<u>C</u>					
even	DUE TO (OR AS A CONSEQUENCE OF):									
other traumatic event, the TIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
AT Tag	cause. Enter UNDERLYING	cause. Enter UNDERLYING								
E E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
5 E	resulting in deeth) LAST									
A 를	PART II. Other significent conditions contributing to deeth t	out not resulting in the	underlying ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
AS any				1 _ YES 2		COMPLETION OF CAUSE OF DEATH?				
ହ ∑						1 YES 2 NO				
S 3	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neck only one)						
SICI/	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out	petient 3 DOA 4 DI								
is marked, or D BY PHYS	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, 'Ner!)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW I	NJURY OCCURED)				
mark BY	1 Staturel 5 Pending Investigation	М	1 YES 2 NO							
2 世	3 Suicide 6 Could not be detarmined 28a, PLACE OF INJUR building, etc. (Spe	Y — At home, term, atraet, incity)	lactory, offica	28t. LOCATION (Street a City or Town, State)		ral Route Number,				
MPORTANT: If item 2 D BE COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination					(6)				
COM	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			NED (Month, Day, Year)				
MPOH BE	ann 7		D398		▶ C					
≧ ₽	30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DE									
	Alfred Sparks, M.D. 210	5 Laurel	Bush Road	Bel Air,	MD 2	21015				
	31. 97 (N-EDMON). 1994 Julie 1925 1225 231	WHITE CE								

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HE HOSPITAL OR ATTENDING PHY.	THE FUNERAL DIRECTOR: After this	filed within 72 hours after death with
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	s certificate has been signed by the attendir	he filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or rem
prtificate be executed within 24 hours after de	ng physician and completely filled in by the fu	giene prior to burial, cremation, or removal
n certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attendir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	

item

MPORTANT: II

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATN 3. TIME OF DEATH Cohert Strozier 2:20 AM H 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS Month, Day, Year) 10/19/57 1 XM 2 🗆 F 213-80-2915 YRS. 36 Georgia 9s. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR University of MD Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 336 S. Fulton Avenue 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 ANO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. 1 X Never Married 2 Married It yes, specify Cuben, Mexican, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO В Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8 Dry Wall Finisher Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) 76 Joseph Strozier Reaver Colden BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Reaver Strozier 336 S. Fulton Avenue Balto., MD 21223 Pe 20s. METNOD OF DISPOSITION
1 Burisl 2 A Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stats DATE must Metro Crematory, Inc. 6/25 4 Donation 5 Other (Specify) Baltimore, MD 21. SIGNATURE OF TONERAL SERVICE LIGHTSEE examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Road Balto.. MD 21228 medical 23. PART i. Enter the dieeases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reepiretory arrest, Approximate shock, or heart failure. Liet only one cause on each line interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): event, DUE TO (OR AS A CONSEQUENCE OF): Encumbria Carini traumatic CERTIFICATION Sequentially list conditione, If sny, leading to immediate cause. Enter UNDERLYING cquired Immune CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PERFORMED? shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. HOSPITAL:
1 Sensetient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ing Home 5 - Residence 8 - Other (Specify) ö 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME DF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 69 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide determined

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 194 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Port of Madicine 22 5. Grance A². REGISTER

2 __ MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29s. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nous after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	VIRGINIA	LEE SANDER	S			6-11-9		8:35A M	
	4. SOCIAL SECURITY NUMBER		"	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign	
	524 28 8035	1 □ M 2 🔀 F 6 5	YRS.	ONTHS DAYS	HOURS MIN.	9-29-28	Col	orado	
~	9s. FACILITY NAME (If not institution, give str		. 9		R LOCATION OF D	EATH	9c. COUNTY OF		
DIRECTOR	6802 Niles D	rive		Laur	el		Prince	George Co	
35	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d, INSIDE CITY	
ā	Maryland Prin	ce George c	o La	aurel				LIMITS?	
Z	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	6802 Niles D		-		2070		USA		
	11. MARITAL STATUS 1 Never Married 2 A Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Maxico	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.)		CE — American Indian, ck, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 TYES	2 NO Specifi	y :	Spe	White	
ETED	15. DECEDENT'S EDUC. (Specify only highest grade of		Se. DECEDENT'S US	BUAL OCCUPATION MO	ON .	16b. KIND OF BUS	SINESS/INDUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	memake					
COMPL	12			in c in ci ic					
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)		
BE	David Linville 198. INFORMANT'S NAME (Type/Print)		T 105 MAIL INC AL	DDBECG (Death	Cora	Denton Aoute Number, City or Town			
2	Marshall Sande	rg				Laurel, M		7	
	20a. METHOD OF DISPOSITION	20h PI	ACE AND DATE OF				CATION — City or		
	1 Burial 2 Cremetton 3 Remo	val from Stata cemete	ry, crematory or othe	r plece)					
	21. NIGHATURE OF FUNERAL SERVICE LICE	INSEE Ronald Wa	ade, Di						
	/ mand/	1/		655	W.Balti	more St,	Balto,	MD21201	
	23. FART I. Enter the disesses, or co	omplications that caused th	ne deeth. Do not	enter the mo	de of dying, suc	h as cerdisc or respi	ratory srreat,	Approximate	
	IMMEDIATE CAUSE (Final	lst only ona causa on each			۸			Interval Between Onset and Death	
	disesse or condition resulting in death)	Rest	notorus	n fa	elest			3mo.	
		DUE TO OR AS A CO	DNSEQUENCE OF):	7				. 0	
5	Sequentially list conditions, b.	VVULTO	whalve	uno	Cauc	ren		18 mo.	
EHIIFICATION	if any, laading to immadiata cause. Enter UNDERLYING								
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):						
E	resulting in death) LAST								
2	PART II. Other significant conditions	contributing to death but	not reaulting in	tha underlying	cause givan in	Part i. 24s. WAS AN	AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS	
5	Wultiple, o	saturblacio, 1	eft his	o fran	thre	PERFOR	MED3	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC		d				1 TES 2	A NO	OF DEATH?	
					-	_			
Z I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	eck only one)			
PHYSICIAN:	1	HOSPITAL: 1 Inputlant 2 ER/Outputle		THER: Nursing Hom	e 5 🗆 Residenca	6 Other (Specify)			
5	27, MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (URY AT RK?	28d. DEŞCRIBE HOW II	NJURY OCCURED		
2	1 V Natural 5 Pending 2 Accident investigation								
3	3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
ų	29a. CERTIFIER								
COMPLEIED	(Check only	IAN: To the best of my knowledge: On the basis of examination ar						A. 104704 (NOTON 1917)	
	29b. SIGNATURE AND TITLE OF CERTIFIER			nt my opinion, o					
	29L SIGNATURE AND TITLE OF CERTIFIER	· slies WW	\		29c. LICENSE NU	968	29d. DATE SIGNE	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	- 0 1	1 (ITEM 27) (Type, Pi	rint)	777	108	, 0	17/14	
	DR MARTHA IVES	13960 Bal			Laure	1,MD 2070	7		
	31. DATE 990N 2 7 1994	STATE TO THE STATE OF THE STATE							
	45.0 J 9.110.0	9							

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nowns after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ALE OF	DEATH	REG. NO					
1000	1. DECEDENT'S NAME (First, Middle, Last)		Sch	len	ker	2. DATE OF DEATH DO CO		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 8 1 X M 2 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
- 1	216-03-3564 9e. FACILITY NAME (If not institution, give st					12-26-0		MARYLAND			
Œ	ST. AGNES HOSPIT		1		OR LOCATION OF DEA	гн	9c. COUNTY	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	7.10		DAL	TIMORE						
REC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY			
		LTIMORE		CAT	ONSVILLE			1 TES 2 NO			
FUNERAL	100. STREET AND NUMBER 2206 BELLEVIEW R	COAD		1	of. ZIP CODE 21228		2711	U.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		CENDENT OF HISPANIC		or No — 14.	RACE — American Indian,			
B≺	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1			pecify Cuben, Mexican, S 2 NO Specify:	Puerto Ricen, atc.)		Black, White, etc. Specify: WHITE			
	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S US (Give kind of wor	k done durina n	ION	16b, KIND OF BU	SINESS/INDUST	rry			
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	ost of working			0 00			
COMPLETED	8		TECHN	ICIAN		C & P	TELEPH	ONE COMPANY			
	17. FATHER'S NAME (First, Middle, Last)				- TAGE OF A	E (First, Middle, Maiden	Sumeme)				
BE	MARTIN SCHLENKER 190. (NFORMANT'S NAME (Type/Print)				MAY						
2	PAUL C. SCHLENKER	(COM)			end Number or Rural Ro						
	200. METHOD OF DISPOSITION	(SON)	20b. PLACE AND DATE OF					YT AND 21228 or Town, State			
	1 Burial 2 Cremetion 3 Remo	oval from State	cemetery, crematory or othe	r place)	06-29	1	_	, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LIC		DRUID KILISE	22, NAME AND ADDRESS OF FACILITY							
	K. Can l	Vithe	4	11630	EDMONDSON	AVENUE C	ATONSV	NERAL HOMES			
	23. PART I. Enter the diseases, or c ahock, pr heart failure. I	omplications that ca	used the death. Do not	enter the m	ode of dylng, such	aa cardiec or reapi	retory arrest	, Approximate Interval Between			
	IMMEDIATE CAUSE /Final				- 1			Onset and Daath			
	disease or condition resulting in death)		acerebra	4-6	Bleed						
		DUE TO (OR	AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
SA	If any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	reaulting in death) LAST										
0	PART II. Other algolificant conditions	a contributing to dea	ith but not resulting in	tha underlyli	ng causa giyan in Pr	BIT I. 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL	CARonak	y Arte	u Aise	212		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
		1	1 .0 609	1 TYES			(I)≥440	OF DEATH?			
Σ.	DID TOBACCO USE	CONTRIBILITE	TO CALISE OF	DEATH	YES IT NO			1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUIL	IO CAUSE OF		LACE OF DEATH (Checi	k only one)					
Sic	EXAMINER?	HOSPITAL:		THER:	me 5 🗆 Reeldence 8						
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Y	JRY 28b. TIME (OF 28c. IN		8d. DESCRIBE HOW I	NJURY OCCUR	ED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, atc.	JURY — At home, lerm, stre (Specify)			tef. LOCATION (Street a City or Town, State)		Rural Route Number,			
COMPLETED											
APL	- 1		knowledge, death occurred								
Ö	2 MEDICAL EXAMINE	R: On the basis of exami	nation and/or investigation,	in my opinion,	death occured at the tir	ne, date end place, en	d due to the ce	suse(s) end menner ee stated,			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	m	MD		Resident	er physici	29d. DATE SH	GNED (Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, P	rint)	Cat.	AW 1	Beeff.	·23.94 ~ MD 21229.			
	31. DATE FILED (Mopth, Day, Year)	31 174	AI handi Son	14 70	v caem	107	9 11 100	u ma 2129.			

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician.

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FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEP/	ARTMEN FICAT	T OF H	IEALTH ANI DEATH) MENT	AL HYGIEN REG. NO.	E		, , , ,
1. OECEDENT'S NAME (Firs		REIBER						2. DAT	TE OF DEATH		94°	3. TIME OF DEATH 9:00 A.M
4. social security num 215–09–800	5	5. SEX		yrs. last birthda	MONTHS	DAYS	IF UNDER 24 HRS	. (Mo	E OF BIRTH nth, Day, Year) 5-15-13		8. BIRTH Country	PLACE (State or Foreign y) MARYLAND
90. FACILITY NAME (# not i 231 GRALAN	ROAD	cerestines.			9b. CIT		OR LOCATION OF			9c. COUN	BAL/	EATH PIMORE
RESIDENCE OF DE 100. STATE MARYLAND	10b. COUNT	Υ		10c. (CITY, TOWN							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	i	BALTIMORI	Ξ		C	-	SVILLE 1. ZIP CODE		<u>-</u>	10g. CITI	ZEN OF W	1 YES 2 NO
231 GRALAN 11. MARITAL STATUS 1 Never Merried 2 3 🖁 Widowed 4 Div] Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	13.	If yes, sp	212 CENDENT OF HIS secify Cuben, Men 2 NO Sp	PANIC ORIG	ilN? (Specify Yes o Rican, etc.)	or No—	14. RACE	S.A. American Indian, White, etc. WHITE
	CEDENT'S EDU ly highest grade 0-12)			(Give kind life. Do NO	I'S USUAL Cof work done I use retired.)			10	Sb. KIND OF BUS		USTRY OME	WILLIE
17. FATHER'S NAME (First, A EDWARD KES	TLER						100 10		, Middle, Maiden I'HOMAS	Surname)		
JUDY SCHRE 200. METHOD OF DISPOSIT	IBER (231	GRALA	N RC		ONSV.	ILLE, M	ARYL	AND	21228
206. METHOD OF DISPOSITION (Name of particular to the property) and the particular parti							ARYLAND					
shock, or heart failure. List only one cause on each line.							Approximate interval Batwee Onset and Deat					
that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d						in Part i.	Part I. 24s. WAS AN AUTOPSY PERFORMED?		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
DID TOBACC 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 WAS		HOSPITAL:			OTHE	26. PI	LACE OF DEATH					
27. MANNER OF DEATH 1 Natural 5	Pending Investigation	28e. DATE OF	INJURY	28b. 1	IME OF INJURY	26c. INJ WC	IURY AT DRK?	_	her (Specify) ESCRIBE HOW II	NJURY OCC	URED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE C building,	F INJURY - etc. (Specif	At home, ferr	n, street, fed	tory, offic	•		OCATION (Street of y or Town, State)	nd Number	or Rural R	loute Number,
		ICIAN: To the best of) end menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	22			5		29c. LICENSE I					(Month, Day, Year)
DR. DAVID M	OSEMAN			DRI V E		BUTU	IS MARYI	AND	2122	27		
31. OATE FILED (Month, Day,	7 1994	Julia	ANT SHOWN	- Panolas	Ē.							

R. Choi, Witz.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

18705 Item # 1 Film # G 712 06-27-94 N.A Per Funeral Home FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH SCRUGGS Harvey L. Scruggs 94 HARVEY MAM 06 A SOCIAL SECURITY NUMBER 5. SEX last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS (Month, Day, Tour, 49 17-52-5509 FACILITY NAME (If not institution. 96. CLTY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Un: Versite RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ma Balto 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3720 TWOO 2/2/5 Koag 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESSIINDUSTRY (Specify only high Elemantary/Secondary (0-12) College (1-4 or 5+) Procurment th Angytist 17_FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Kudolph BE 19 . INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and City or Town, State, Zip Code 2 21215 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of PATE PATE Surial 2 Cremetion 3 Re moval from State 11stuwn anda IN OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Aue abus 23. PART-I. Enter the chaeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on sech line. Approximate **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition_ resulting in death) CARDIPULMONARY FAILURE DUE TO (OR AS A CONSEQUENCE OF) MESOTHELIOMA. MALIGNANT CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO

	26. PLACE OF DEATH (Check only one)					
HOSPITAL: 1 Description: 2 ER/Outpatient 3	DOA 4 1	IER: Nursing Home 5 - Residence	6 Other (Specify)			
26a. DATE OF INJURY	28b. TIME OF	26c INJURY AT	284 DESCRIBE HO			

1 YES 2 NO 27. MANNER OF DEATH OW INJURY OCCURED (Month, Day, Year) INJURY WORK? 1 Natural 5 Pending Investigation м 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Spec/ly) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, desth occurred at the time, data and placa, end due to the cause(a) and manner as stated.

2 MEDICAL EXAM	INER: On the be	ata of axamination	end/or investigation	on, in my opinion	death occured at th	ne time, date end place	, and due to the	ceuse(a) and m	anner as stated

		to the desire of the first for the states.
29b. SIGNATURE AND TITLE OF CERTIFIER M.D.	29c. LICENSE NUMBER D 45186	29d. DATE SIGNED (Month, Day, Year) 6 22 94.

oy 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mirmala	Sara	F 22.5.	Greene	St.	Balto	md Sic	104
1. DATE FILED (Month, Day, '	(bar)	2. REGISTRAR'S SIGNATURE					

JUN 271994 Jui Seriem-Rodell

25. WAS CASE REFERRED TO MEDICAL

6 Could not be

3 Sulcide

4 Homicide 29a. CERTIFIER

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8760 BALTIMORE, MARYLAND 21215-0020

uted within hours after death. Page 6 may be retained by the hospital or attending physician.

o completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	Item
PITAL	RAL 72	1 :
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF D	EATH
	Alberta	Slad	iek			МОНТН Т1110	e 1		994	12:1	5 PM
	4. SOCIAL SECURITY NUMBER 5. SE		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	, 1	-	IPLACE (State o	
	233 03 3557 1□	M 2 🗐 7 9	S YRS.	MONTHS DAYS	HOURS MIN.	2-28-		0	Count		
	9e. FACILITY NAME (If not institution, give street end	21 / -		95 CITY TOWN	OR LOCATION OF D		191	-	UNTY OF D	FATA	
Œ								9c. COL	UNIT OF D	EATH	
2	Maryland Genera	I Hospit	tal	Ba	ltimore			na			
DIRECTOR	10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCA	TION					10d. INSIDE C	uTV
<u>=</u>	Manaland		100.01	,, 101111 011 200						LIMITS?	
	Maryland na				Baltim	ore				1 YES 2	
₹				10	f. ZIP CODE			10g. CI	TIZEN OF 1	WHAT COUNTRY	r
ÿ	1300 S. ElwoodAve	nue									
FUNERAL		AS DECEDENT EVER IN DRCES? 1 YES	U.S. ARMED	13. WAS DE	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American I k, White, etc.	ndien,
ВУ		YES, GIVE WAR OR DA			ecify Cuben, Mexica 2 NO Specif		n, etc.)			"YWhit	
	3 Widowed 4 Divorced			1						. WILT C	E
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	and)	18a. DECEDENT'S	USUAL OCCUPATI	ON .	.18b. Kil	ND OF BUS	SINESS/IN	DUSTRY		
i iii		ge (1-4 or 5 +)	life. Do NOT us	se retired.)	ost of working						
틸											
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Midd	le Meiden	Sumamal		_	
						Tract, made	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourname,			
H	19a. INFORMANT'S NAME (Type/Print)		Too Mail Inc	ADDRESS (Committee	-144-1	0.00 MICA 0				-	_
2	Total International Control (1970)		190. MAILING	ADDRESS (Street	and Number or Rural	Houte Number,	City or low	n, State, Z.	(ip Code)		
	ļ										
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal tro	m State 20b.	PLACE AND DATE (OF DISPOSITION (Nather place)	ame of	DATE	20c. LO	CATION -	- City or To	own, State	
0.0	1 Burlel 2 Cremetion 3 Removal tro 4 Donation 5 Other (Specify) 1 D S	tate den	noval								
1 11	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Ronald W	ade, Di	22. NAME A	ND ADDRESS OF FA	CILITS ta	te A	nat	omy	Board	
	HAMPING AMVI	2/11		655W	.Baltin	ore S	St.B	alt.	o.MD	21201	
6	29 /BADT I Ester to discuss as small	· ·	1.0.0.0								
	23/PART i. Enter the diseases, or complice shock, or heart fellure. List on	ily Dne ceuse on e	ech line.	ot enter the mo	ae or aying, suc	n aa cerdied	or respi	retory a	rrest,	Approx	imate I Batween
	IMMEDIATE CAUSE (Finel										and Death
	disease or condition resulting in death)	Resira	ator Ar	rest							
		DUE TO (DR AS A	CONSEQUENCE OF	F):							
z	L	Recu:	rrent C	aroino	ma Mout	:h					
일	Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):							
3	CAUSE (Disease or Injury	Can	cer Cac	hexia							
트	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):							
CERTIFICATION	resulting in death) LAST										
2											
A	PART II. Other significent conditions conti	ributing to deeth be	ut not reculting	in the underlyin	g ceuee given in	Pert i. 24	a. WAS AN		7 24b	. WERE AUTOPS	
DICAL						1	YES 2	5.4		COMPLETION (
III								7		OF DEATH?	7 110
₹						-			- {	1 1 123 2	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			20.0	ACE OF BEATH (C)						
Ö	EXAMINER? HOS	PITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)					
₹		opatient 2 - ER/Outp			ne 5 🗆 Residence	8 Other (S)	pecify)				
РНУ		8e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK?	28d. DESCRI	BE HOW I	NJURY O	CCURED		
B	1 Natural 5 Pending 2 Accident Investigation			1 []	YES 2 NO						
	O COUNT NOT DIS	Se. PLACE OF INJURY building, etc. (Spec	— At home, term, i	street, factory, offic	:0	281. LOCATIO	ON (Street a	and Numbe	er or Rural i	Route Number,	
	4 Homicide determined	, , , , , , , , , , , , , , , , , , , ,	,,			City or it	own, state)				
12			lados desth secum	ed at the time dat				and the same			
LETE	290. CERTIFIER 1 CERTIFYING PHYSICIAN. TO	o the heat of my knowl									
MPLETE	(Check only T CERTIFYING PHYSICIAN: To			o la mu salala-	an an in commend of the or			-A -A -			
COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the			n, in my opinion,	Seath occured at the	time, date end	l place, en	d due to !	the couse(s) end manner (s stated.
COMPLETE	(Check only T CERTIFYING PHYSICIAN: To			n, in my opinion,	29e, LICENSE NUI		l place, en			(Month, Day, Ye	
BE COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the			n, in my opinion,			l place, en				
COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the	ne baele of examination	n end/or investigation				d place, en				
BE COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ODDRESS OF PERSON WHO COMP	ne baele of examination	n end/or investigation	Print)	200 LICENSE NUI	MBER 53		29d. DA			
BE COMPLETE	(Check only 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMP	PLETED CAUSE OF DEA	n end/or investigation		200 LICENSE NUI			29d. DA			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	1 - FOR STATE OF REGISTRAR			MENT OF H	EALTH AND		YGIENE EG. NO.		4
0000000	1. DECEDENT'S NAME (First, Middle, Last) Sydnor	e				2. DATE OF D	DEATH DAY	9 LARY	3. TIME OF DEATH 9:55A
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 💢 F	6. AGE (In yrs. le		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 4-2/		8. BIRTHP Country) BALT	O. MD.
TOR	9a. FACILITY NAME (If not institution, give street and number) Sing: Haspital RESIDENCE OF DECEDENT		91	Balfo	City		9c. COU	I TO .	ath City
DIRECTOR	100. STATE 100. COUNTY MARYLAND		10c. CITY, T	OWN OR LOCAT					10d. INSIDE CITY V LIMITS?
FUNERAL	100. STREET AND NUMBER 2520 EDGECO	MB CIRCL	E APT.		. ZIP COOE		10g. CIT	IZEN OF WI	IAT COUNTRY?
В	11. MARITAL STATUS 12. WAS DECED FORCES?	ENT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMED NO	13. WAS DEC	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	an, Puerto Rican		14. RACE	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or		ECEDENT'S US Give kind of work te. Do NOT use n	UAL OCCUPATION done during mostired.)	ON st of working	16b. KINI	O OF BUSINESS/INC	DUSTRY	
MPL	9th	5+)	CAT	TERER					
BE CO	17. FATHER'S NAME (First, Middle, Last) LESSIE	EFFERS :	SR.		16. MOTHER'S NA		ALDINE P	EARCE	
TO B	19a. INFORMANT'S NAME (Type/Print) LESSIE JEFFERS SR.	1				Route Number, C.	ity or Town, State, Zip	Code)	
	20a/METHOD OF DISPOSITION 1 D. Burlal 2 D.Cremetion 3 Removal from State	20b. PLACE	EAND DATE OF E	DISPOSITION (Na	me of	6-24	20c. LOCATION -	City or Tow	n, State
	4 Donation 5 Other (Specify)	Comolory, p	TE PRO C	REAMAT					COMMUNITY
	· 71/40/84	alew		F.H.			AVE. B		
	23. PART I. Enter Ha diseases, or complications t ahock, or heart failure. List only one of	nst caused the d ause on each lin	leath. Do not	enter tha mo	de of dying, suc	h ss cardiac	or respiratory an	rest,	Approximate Interval Between
	I resoluting in ugatit)	static	broad	Cand	٥_				Onset and Dasth
z	T DEVM	CLTY	D/CUST	cuna	L				Gyrs 4 menths
SATIO	csuse. Enter UNDERLYING	O (OR AS A CONSI	EQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	O (OR AS A CONSI	EOUENCE OF):						
AL CE	PART II. Other significant conditions contributing	o death but not	reaulting in t	tha undarlying	g cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC						1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
N. M	DID TOBACCO USE CONTRIBU	TE TO CA	USE OF	DEATH '	YES N	OX			I □ YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 nostlent 2	☐ ER/Outpetient		THER:	ACE OF DEATH (Ch		a a if al		
	27. MANNER OF DEATH 28s. DATE		28b. TIME O	Y 28c. INJ WO	URY AT		E HOW INJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be buildir	OF INJURY At h g, atc. (Specify)	nome, farm, stre		res 2 No	281. LOCATION City or Tox	N (Street and Number	or Rural Ro	ute Number,
LETE	4 Homicide determined			ACCES TOOLS	Control of the				
COMPLETED	(Check only one) 298. CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On profit in the control of	of my knowledge, of examination and/or	Jeath occurred a r Investigation, I	it the time, date in my opinion, d	end place, and due eath occured at the	to the cause(a)	end menner ea atai place, and due to th	ted. ne cause(a)	and manner as stated.
BE	20b. SIGNATURE AND THLE DISCENTIFIER	MOPI	10		29c. LICENSE NU	MBER	29d. DAT	E SIGNED	Month, Day, Year)
12	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CO	USE OF DEATH OT	EM 27) (Type, Pri		LAA A) 1414600	51, Bre	M	1) 21225
	31. DATE FLE NOW DUTTING QA ZONGIST	DE SENATURE	cocos	CENTER	WO N	WO-10	SI, ISA	()FIL	121203
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BALTIMORE, MARYLAND 21215-0020	
O. BOX 68760	
CORDS, P.	
DIVISION OF VITAL REC	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. — hours after death. Page 6 may be retained by the hospital or attending physician.

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE OF DEAT	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lust)			2. DATE O	F DEATH DAY	A YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	5. SEX 6. AGE (In vrs. last birthday) IF INNER 1 YEAR IF INNER 24 MISS 7. DATE OF RIGHT I 8 BIG						
	217-34-9294 1 M 2 🕱 F	AGE (In yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	Men. (Month,	F BIRTH Day, Year) 5-38	a. BIRTH Count	HPLACE (State or Foreign ry) Md a	
	9e. FACILITY NAME (If not inatitution, give atreet and number)		96. CITY, TOWN OR LOCATION	N OF DEATH	9c. (COUNTY OF D	DEATH	
DIRECTOR	University Hospital		Baltimore Cit	ty		N/A		
	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
	Md. Anne Arundel	Gl	en Burnie				1 YES 2 1 NO	
FUNERAL	10e. STREET AND NUMBER	THE PURP	10f. ZIP COOE		10g.	CITIZEN OF	WHAT COUNTRY?	
빌	56 Glendale Avenue-Glen Bu		210			U.S.		
	1 Never Married 2 Married FORCES? 1	YES 2 NO	13. WAS DECENDENT OF If yes, specify Cuban,	Maxican, Puarto Ric	(Specify Yea or No can, etc.)	- 14. RACI	E — American Indian, k, White, atc.	
B	3 Widowed 4 Divorced IF YES, GIVE WAR	OR DATES	1 🗌 YES 2 🎩 NO	Specify:		Spec	White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S L	USUAL OCCUPATION	16b, F	CIND OF BUSINESS	3/INDUSTRY		
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	ork done during most of working retired.)					
4	N/A N/A	Bank 1	Manager		Banki	ng		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHE	ER'S NAME (First, Mi	ddle, Maiden Surnar	ne)		
BE	James Katzenberger			Charlotte	e Kroner	,		
ا و	19a. INFORMANT'S NAME (Type/Print)	30 00	ADDRESS (Street and Number of					
_	Kenneth A. Smith		endale Avenue		1			
	20e. METHOD OF OISPOSITION 1 Burlel 2 Cremetion 3 Removal from State	20b. PLACE AND DATE Of cametery, cremetory or oth	rk Cemetery	OATE	- 111 - 116		Control of the contro	
	4 Donation 5 Dother (Specify) Entombment 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Loudon Pa.	22. NAME AND ADDRESS		Dall	imore,	, FIG.	
			3512 Fred	derick Av				
_	G. Truman Schwab 23. PART I. Enter the diseases, or complications that co		Baltimore					
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):		24a. WAS AN AUTO		Interval Between Onset and Death Onset and Death . WERE AUTOPSY FINDINGS	
MEDICA					PERFORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
SICIAN:	DID TOBACCO USE CONTRIBUTE 1 25. WAS CASE REFERRED TO MEDICAL	O CAUSE OF		NO 🗆				
3	EXAMINER? HOSPITAL:		OTHER:	ATH (Check only one)				
PHYS	1 ☐ YES 2 NO 1 I Inpetient 2 ☐ EI 27. MANNER OF OEATH 28e. OATE OF IN.		4 Nursing Home 5 Res		(Specify)	OCCUREO		
	1 Natural 5 Pending (Month, Day,	Year) INJU		10.000	THE THE THE THE	CCCGNEC		
BY	2 Accident Investigation 3 Suicide 6 Could not be building ate	JURY At home, farm, at		287. LOCAT	TION (Street and Nu	mber or Rural	Route Number,	
	4 Homicide determined building, etc	(эреспу)		City or	Town, State)			
MPLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my	knowledge death occurred	d at the time date and place	and due to the cause	e(e) and manner as	a eleted		
Ž	(Check only one) 2 MEDICAL EXAMINER: On the besis of sxam						a) and manner ee stated.	
3	29b. SIGNATURE AND TITUE OF CERTIFIER ,			ISE NUMBER			(Month, Pay, Year)	
2	Id. Alust non		255 25021		.	1.1:	24/94	
2 ∥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type,	Print)	0 1		910	TITT	
	Amy Buntup 32. RECESTAR'S		rene St.	Pa/ti	more	, HD	2120/	
	31. DATE FILED WORTH, Day Year, 1994	eviden-Abrida	e.					

DHMH-16 Rev 1/89



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IMMEDIATE CAUSE (Final

disease or condition resulting in desth)

DUE TO (OR AS A CONSEQUENCE OF):

JU144 16.16111+4

SON WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

1000

i Daviden Rendell

30. REGISTRAR'S SIGNATURE

14-MIN17

31. DATE FILED (Month, Day, Year)

JUN 2 7 1994

DIRECTOR

FUNERAL

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COMPLETED

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TO THE MOSPITAL OR ATTENDING PHYSICIAN TO WE requires that the death certificate be executed within a rhours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After the constitution has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is manner, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y be re	page 5		be no
e 6 ma	rector,		must
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAI					MENTAL HYGIEN				
1. DECEDENT'S NAME (First			- 4						2. DATE OF DEATH	AY ,	YEAR	3. TIME OF DEATH	
	GA	SHEN	IELA						4		794	2:30A	M
4. SOCIAL SECURITY NUMI	BER	5. SEX	6. AGE (In)	rs. last birthday)	IF UN	DER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign	
152-05-7187	1	t 🗌 M 2 🖾 F	94	YRS.	-CN1P	S DAYS	HOURS	MIN.	2-1-1900			nsylvania	
Sa. FACILITY NAME (If not in					9b. C	ITY, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF C		
Good Samar	itan H	Mospital			Ba	17tim	ore						
RESIDENCE OF DEC													
Maryland	10b. COUNTY	imore				N OR LOCA	ATION					tod. INSIDE CITY LIMITS?	
		тиоте		PI	hoer	ııx	_					1 TES 2 NO	
10e. STREET AND NUMBER		D 3				101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
46 Glen	46 Glen Alpine Rd. 21131 U.S.A.												
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1							NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RAC	E — American Indian,	
1 Never Married 2 3 X Widowed 4 Divo		IF YES, GIVE V					S 2 X NO				Spec	offy:	
		!									M	hite	
(Specify onl	EDENT'S EDU y highest grade	completed)	16	(Give kind of	work do	ne during m	ION lost of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (6	0-12)	College (1-4 or 5	-)	in Do NOT a		retred) Stress Seamstress							
					., ., .,								
17. FATHER'S NAME (First, M		d = 1 = 2 · · ·							ME (First, Middle, Maiden	,			
Joseph P		istaler			_				uline Vogl				
19a. INFORMANT'S NAME (1					Route Number, City or Tow				
Shilley W.	Conwe	11		46 G	len	Alpi	ne Rd	. Ph	oenix, Md.	211	31		
20a. METHOD OF DISPOSIT 1 X Burial 2 Crematic		oval from Stata		ACE AND DATE			lame of		OATE 20c. LO	CATION —	City or To	own, State	
4 Donation 5 Other			- Atl	antic	Cit	y Cer	meter	У	6-27 Ple	asan	tvil	le.N.J.	
21. SIGNATURE OF FUNERA	& SERVICE LIC	CENSES	_		- 1:	22. NAME /	ND ADDRE	SS OF FA	CILITY				$\overline{}$
1	11								uneral Hom				
23 DADT I Enter the		namellastians the		- 4		TO20	York	Rd.	Towson, M	ld. 2	1204		_
23. PART I. Enter the d shock, or h	eart failure.	complications the List only one cau	se on each	e deetn. Do i line.	not en	ter the m	ode ot dy	ing, suc	h ae cardiec or reep	iratory sr	rest,	Approximate Interval Between	n

Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Winter	strial k			Lyn.
PART II. Other significant condition	s contributing to death but not r	eculting in the un	derlying ceuse given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Che	ock only o	oel .	
EXAMINER?	HOSPITAL: 1 Dispatient 2 ER/Outpatient 3	DOA 4 Num		_		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OE	SCRIBE HOW INJURY OCCU	REO
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At her building, etc. (Specify)	me, tarm, atreet, tact	ory, offica		CATION (Street and Number of or Town, State)	Rural Route Number,
	CIAN: To the best of my knowledge, dar R: On the bests of examination and/or i					

SAMPE TAM

29c. LICENSE NUMBER

#07615

1/0spitma

DHMH-16 Rev 1/89

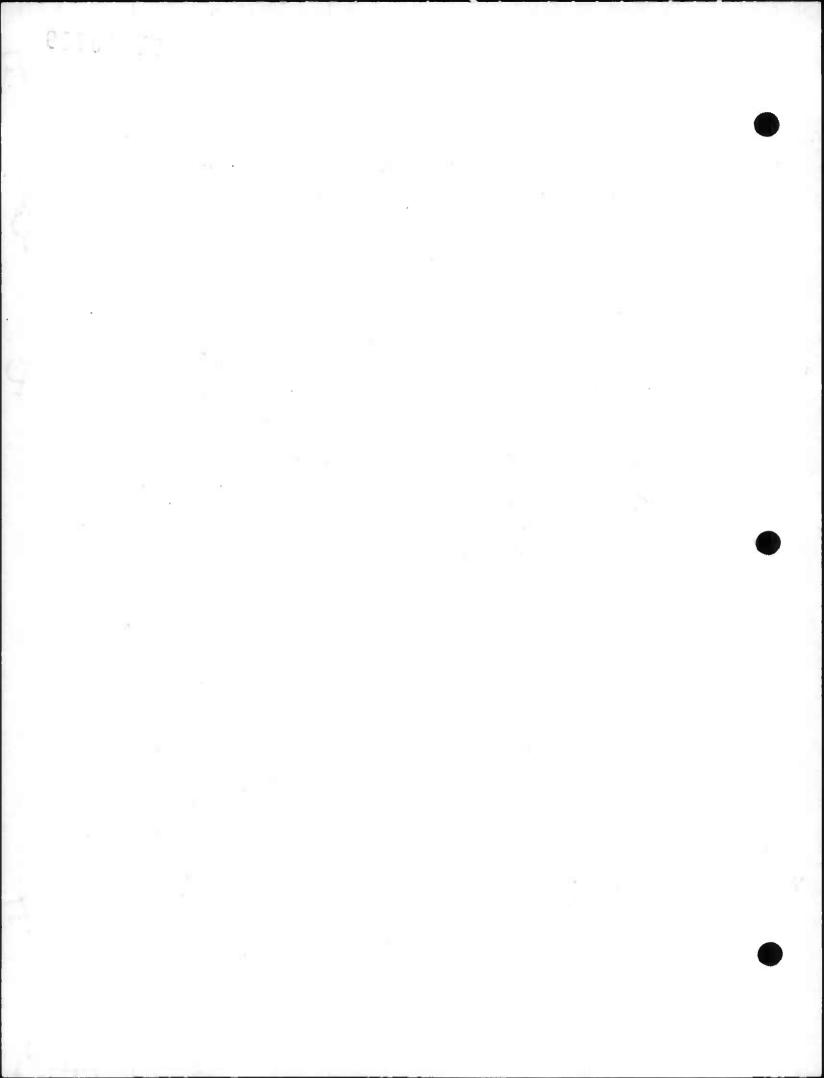
2414 1994

29d. DATE SIGNEO (Month, Day, Year)

MHE

Onset and Death

day



FREDERICK SHORB

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) 27 1994

1/15

JOSEPH A. SNIADACH

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

P2. REDISTRAP'S SIGNATURE

BE

9

4. SOCIAL SECURITY NUMBER 5 SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 1 DAYS HOURS 219-07-1960 75 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF BEATH V.A.M.C. Fort Howard Fort Howard DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland Dundalk permit. FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 929 Oakleigh Beach Road 21222 burial-transit attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married 1 YES 2 TYNO Specify: BY 3 Widowed 4 Divorced be detached for use as the World War II 16a. DECEDENT'S USUAL OCCUPATION

16a DECEDENT'S USUAL OCCUPATION

16a DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only high (Give kind of work done life. Do NOT use retired.) the hospital or ntary/Secondary (0-12) 9 years College (1-4 or 5+) Insurance Representative 17. FATHER'S NAME (First, Middle, Last) Lawrence E. Shorb 3 retained by BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 2 Mrs. Elizabeth A. Shorb pe 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Page 6 may DATE must 4 Donation 5 Other (Specify) Garrison Forest V.A. Com. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. David P Could med in by the fi urs after medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line 9 IMMEDIATE CAUSE (Final the disease or condition cremation. MYOCARDIAL INFARCTION completely reaulting in death) event. VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): to burial. ASCVD traumatic CERTIFICATION and Sequantially list conditiona, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CARDIOMYOPATHY CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 Injury. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL COPD, S/P CABG, DIABETES shows any 6 has b. Dept. PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 Sinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? INJURY 1 X Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide PLACE OF INJURY — At home, farm, atreet, lectory, office building, atc. (Specify) 28 ls 6 Could not be datermined COMPLETED DIVISI OR ATTEN 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 6 Frederick Wilson Shorb 7:40 p. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Ye O3 31 WAYNEBORO, PA. 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. Specify: White 16b, KIND OF BUSINESS/INDUSTRY Bethlehem Steel Corporation 18. MOTHER'S NAME /First Middle Maiden Sumame Margaret Winemiller 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 929 Oakleigh Beach Road Baltimore, Maryland 21222 20c. LOCATION — City or Town, State 16-28 Owings Mills, Maruland Duda-Ruck Funeral Home of Dundelk, Inc. 7922 Wise Avenue Dundalk. Maryland 21222 Interval Between Onset and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 X NO 1 TYES 2 X NO ing Home 5 - Residence 6 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D43428 23 94

9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGII REG. I		
	1. DECEDENT'S NAME (First, Middle, Las				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		In yes last birthday) # UN	en com Taranan com	6	21 9	4 114
	N/A Se. PACILITY HAME, (If not institution, ph	15 m 2 D F	39 YRS. MONTH		7. DATE OF BISTH (Month, Day, Mar)	54/	SHECKELLY OF FORMS
CTOR	PESIDENCE OF DECEDENT	by your	9b. C	TA TIMOR	E_	Sc. COUNTY	OF DEATH
DIRE	10a. STATE 196. COU	ylv /	16c. CITY, TOW	LIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	332 9, H	en Ken Taus	v Rd.	2122	3	1	N OF WHAT COUNTRY?
BY FU	11. MÁRITAL STATUS 1 M Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDÊNT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	in, Puerto Ricen, etc.)	Yee or No- 14	RACÉ — American Indian, Black, White, etc.
ETED	15. DECEDENT'S E (Specify only highest gri	DUCATION ide completed) College (1-4 or 5 +)	18e. DECEDENT'S USUAL (Give kind of work do life, Do NOT use rating	ne during most of working	16b. KIND OF	BUSINESS/INDUS	TRY
COMP	10/14		STOCK	CLERK			
00	17. PATHER'S MAME (First, Microla, Lost)	110 101		18. MOTHER'S N	ME (First, Middle, Meid	(sa Sumeme)	^
BE	18s. INFORMANT'S NAME (NOW PERSON	150N/	Tigh MANUNG ADOD		WA/A	mm	2
2	BEVERLY VA	univer!	350 B	ESS (Street end Number or Tibrel	251, Pour Number, City or	State, Zip Co	2. 21214
	20s, METHOD OF DISPOSITION	emoval from State 205.	PLACE AND DATE OF DISE	OSITION (Name of	DATE Say	LOCATION - CIT	y or Town, State
	21. SIGNATURE GLANNERAL SERVICE	//	11 HUN	/ ()	25/94/4	NSDOU	UNE/1/2
	NA XX	// /		GARLYM	ACH FU	SPA!	HOME VA
Н	23. PAST / Erger the diseases, o	my		2701R5DH	4Flow	499 B	J.MD,217
) (8)	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on er	ach line.	e Dissociati		200000000000000000000000000000000000000	Approximate Interval Bet Onset end I
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. MASSIVE		y ENBOUS.			
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):		_		
AL C	PART II. Other algnificent conditi	ons contributing to death be	ut not resulting in the	underlying cause given in		AN AUTOPSY	24b. WERE AUTOPSY FIND
	ACIDEMIA					ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDIC	HYPOXEMIA						1 TYES 2 NO
PHYSICIAN:	HYPSILO X BULK PO 25. WAS CASE REFERRED TO MEDICAL	LE STATE ET	10106y UNCL				
SICI	EXAMINER?	HOSPITAL:	oTH	26. PLACE OF DEATH (C/ ER: lursing Home 5 - Residence	Co		
Ж	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HO	W INJURY OCCUP	RED
ВУБ	1 Natural 5 Pending 2 Accident Investigatio	6/21/94	t 1100H	WORK?			
PLETED I	3 Suicide 8 Could not a 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street, i	actory, office	281. LOCATION (Stre City or Town, Ste		Rural Route Number,
COMPLE	anal .	YSICIAN: To the best of my knowl NER: On the beele of examination					euse(e) end menner ee atate
ш	296. SIGNATURE AND TITLE OF CERTIF	IE9		29c. LICENSE NU	MBER	29d, DATE S	IGNED (Month, Day, Year)
TO B	ayzh VIII	er UD				1 6/2	21/94.
7	JAME L. VI	NEW DEPT. Of M	ed: UefMI	Medical Syst	ım 225.6	veene s	t. Bulhmore 2
	31. DAUN (2011) D 1994	Jan REGISTRARY SIGN	ATURE TO SERVICE TO SE				
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TO THE HOSPITAL ON ATTENDING PRESCUE THE LANGUIST HAS BEEN COUNTED TO THE HOSPITAL OF ATTENDING PRESCUENT TO THE HOSPITAL DIFFICURATION AND THE PROPERTY OF THE FUNE HAS BEEN COUNTED TO THE FUNE HASPITAL DIFFICURATION AND THE PROPERTY OF HOSPITAL DIFFICURATION AND THE PROPERTY OF HOSPITAL DIFFICURATION AND THE PROPERTY OF HOSPITAL DIFFICURATION OF HOSPITA

_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SINIE OF M	CE		ICATE				MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH		I	3. TIME OF OEATH
ľ	ELIZABETH			500	TTC				MONTH	un 24	1994	YEAR	12:10 am M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF			0. BIRTH	PLACE (State or Foreign
	213-14-5862	1 □ M 2 X X	&*78	YRS.	MONTHS	DAYS	HOURS	MIN.	8 - I'U	15		Country	°C
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	EATH
R	Saint Joseph Hospital Towson, Maryland Baltimore										nore		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			771	1000								
2					Y, TOWN O								10d. INSIDE CITY LIMITS?
	Md .			B	alti						1		XX YES 2 NO
RA						101.	ZIP CODE				t0g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	2004 Hillenwo	od Rd. 12. WAS DECEDENT	EVER WILL AND	150	1.0.			2123				US	
	1 Never Married 2 Merried	YES 2	0	- 1	f yes, spe	city Cube	n, Mexicar	IC ORIGIN?	(Specify Yea an, etc.)	or No—	Black,	American Indian, White, etc.	
TO Specify:									Specif	·			
	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							Black					
<u> </u>	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)												
Pharmacist													
COMPLETED	17, FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NA	ME (First, Mic	idle, Malden	Sumame)		
BE (Mallie Lack	ey					Man	nie	Lack	ey			
0	19e, INFORMANT'S NAME (Type/Print)								loute Number				
-	Carolyn E.Harr	ison	4	Pa	pago	Ct	· Ra	nda	llst	own,	Md.	211	33
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE At						OATE			City or Tov	
	4 Donation 5 Other (Specify)		cemetery.crem	g Me					94	Ran	dal	lsto	wn,Md
	21. SIGNATURE OF PURERAL SERVICE LA				22.1	NAME AN	D ADDRES	S OF FAC	8E 6	N.G	ilmo	or S	t.21217
	· AM	my.			- A1	ber	t P.	Wy	lie	F/H	PA		
i	23. PART i. Enter the diseasea, or c shock, or heart feliure. I	omplications that	caused the dee	th. Do	not enter	the mod	de of dyl	ng, such	aa cerdie	c or respi	retory er	rest,	Approximeta Interval Between
	IMMEDIATE CAUSE (Fine)	one only one out	or on addit mie.										Onset and Death
	disease or condition reaulting in death)	END STA	GE CHR	ONIC	OBS	TRUC	TIVE	PULN	MONAF	Y DIS	EASE		YEARS
		DUE TO	OR AS A CONSECU	UENCE O	F):								
S	Sequentielly list conditions,	PREDNIS				EPE	NDEN	IT					
CERTIFICATION	if any, leeding to immediate		OR AS A CONSECU	UENCE O	F):								
5	CAUSE (Disease or injury that initiated events	DEHYDR	OR AS A CONSEQU	UENCE O	n:								YEARS
E	regulting in death) LAST	HISTORY	OF DEME	IN ITTLE									YEARS
													IEARS
MEDICAL	PART ii. Other aignificent condition	e contributing to	deeth but not re	sulting	In the un	derlying	cause g	lven in i	Part I. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
음									_ '	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
	DID TODA COO HAT C												1 TES 2 NO
ž	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEAT	H Y	ES 🗌	NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DI	EATH (Che	eck only one)				
4×S	1 YES 2 NO 27. MANNER OF DEATH	1 inpetient 2 26e. DATE OF		DOA 26b, Tilk		28c. INJU		eldence	6 Other (-,,,			
	1 Natural 5 Pending	(Month, Da			JURY	WOI		I NO	26d. UESC	RIBE HOW I	NJURY OC	CURED	
B₹	2 Accident Investigation 3 Suicide & Could not be	26e, PLACE OF	INJURY — At hom	ne ferm	street facts			NO	284 LOCAT	ION /Street a	and Numbe	or Dural D	oute Number,
	4 Homicide 6 Could not be determined	building,	etc. (Specify)	,,		ory, ornec				Town, State)	ING NUMBER	OF NOTES PE	oute Number,
COMPLETED	29e. CERTIFIER	NAME TO ALL DESCRIPTION	. Contractor										
MP	anal .	CIAN: To the best of a											
8	2 MEDICAL EXAMINE		amination end/or in	ivezugau	on, in my o	pinion, di	eath occur	ed at the	lime, date e	nd place, en			
BE	296. SIGNATURE AND TITUE OF CERTIFIER	- m	n					NSE NUM	IBER		29d, DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUC	OF OFFICE STREET	270 /3	Below?		D258	386				4.	24,94
	LILIA CEBALLOS, MI		EPH HO			DWS	ON, N	MARYL	AND	21204			
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE			-	-						
	JUN 2 7 1994	CLA	m- Russel										
			The second second										DHMH. 16 Ray 1/80

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certific heigh within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		ENTIF	CALE	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Grayson L.		Sr	noot		June 1	< 19	90 5:15 PM
	4. SOCIAL SECURITY NUMBER 5. SEX	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH	2 (1	8. BIRTHPLACE (State or Foreign	
1 7	215-10-0536 1 Xm 2		YRS.	MONTHS DAYS		JAN 13,	1914	Country)
1 1	9a. FACILITY NAME (If not institution, give street and number		1550	-				MARTLAND
m				,	OR LOCATION OF DE		9c. COUN	TY OF DEATH
DIRECTOR	Union Memorial Hos	pitai		Balt	imore C	LLY		
<u>[</u>]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I son CITY	r, TOWN OR LO	NATION .			
<u>E</u>	MARYLAND			LTIMORE				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		DV					1 X YES 2 NO
\ <u>₹</u>					10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
1	4703 GREENHILL AVENUE				2120)6		USA
FUNERAL		DENT EVER IN U.S. AF				HC ORIGIN? (Specify Yes	or No-	14. RACE American Indian,
	JE VES G	1 YES 2 X	NO		specify Cuban, Maxica ES 2 (V) NO Specify		- 1	Black, White, atc. Specify:
B	3 Widowed 4 Divorced				X		- 1	WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDU	STRY
	Elementary/Secondary (0-12) College (1-4	life	Do NOT us	vork done during e retired.)	most of working			
립	6	,		MOVE	R	MOV	ING &	STORAGE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				_	ME (First, Middle, Maiden	Surramel	
	WILLIAM		SMOO	T	FLOREN		Surrierre)	STAHLER
8	19a. INFORMANT'S NAME (Type/Print)	1 10						
일	DOROTHEA A. SMOOT		4703	GREENH1	III AVENIIE	BALTIMORE	MD	21206
	20a. METNOD OF DISPOSITION 1X Burlai 2 Cremation 3 Removal from State			F DISPOSITION				Ity or Town, Stata
	4 Donation S Other (Specify)	PARKI	MOOD			'29/94 BAL	TIMOR	RE, MD.
1 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	N E DOLA	M	22. NAME	AND ADDRESS OF FA	CILITY		
	John to Volan	N E. DOLA	A	530	NAKU J. P	DOAD BALT	TMODE	., MD. 21214
	23. PAPIT I. Entar the diseases, or complications							
1 1	ahock, or heart failure. List only one	cause on each line	98(N, DO N B.	ot antar tha r	noda of dying, auc	h aa cardiac or reapi	iretory arre	st, Approximata interval Between
1 1	IMMEDIATE CAUSE (Final	Λ \	/	411	1 1			Onset and Death
	disease or condition	e 470th	ia/	Electr	olute Al	promalitie	13	3 dans
	DU	TO (PR AS A CONSE	OUENCE OF	7):	1			
z	C. Ke	nal faile	110					4 days
CERTIFICATION		TO (OR 48 4 00)105	OUENCE OF	ß:	1 . 1	(1
3	cause. Entar UNDERLYING	otived H.	AH/	010 one	ed intra a	P cross c	lamp	4 dans
里	CAUSE (Disease or injury that initiated events	TO (OR AS A CONSE	OUENCE OF	1:0)		1	
토	resulting in death) LAST	hero sclero	sis					30 4/5
EDICAL	PART II. Other significant conditions contributing	to death but not	raaulting i	n tha underly	Ing causa given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	CHL A Lib (L) C	IH, FV	<u> </u>			1 _ YES 2	~/	COMPLETION OF CAUSE OF DEATH?
		,						1 YES 2 NO
2	DID TOBACCO USE CONTRIB	TE TO CAU	SE OF	DEATH	YES XT NO			
¥	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Ch			
SICIAN:	EXAMINER? HOSPITAL	: 2 ER/Outpetient 3	I DOA	OTHER:				
ĮΣ		OF INJURY			ome 5 🗌 Rasidenca			
РНҮ		th, Day, Year)	26b. TIMI	URY	NJURY AT WORK?	28d. OEŞCRIBE NOW I	NJURY OCCI	JRED
B	2 Accident Investigation				YES 2 NO			
8	3 Suicide 8 Could not be built	CE OF INJURY — At he ling, atc. (Specify)	oma, farm, s	treet, factory, of	fica	281, LOCATION (Street a City or Town, State)	and Number of	er Rural Route Number,
E	4 Notificial determined							
12	29a. CERTIFIER (Check only 1) CERTIFYING PNYSICIAN: To the ba	st of my knowledge, de	eath occurre	d at the time, d	ita and place, and due	to the cause(a) and man	ner as state	d.
COMPLET	one) 2 MEOICAL EXAMINER: On the beals							
	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUM			
8	1/2 () //				AT nue	Daur Fon		SIGNEO (Month, Day, Ybar)
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH OVE	14 0T) (T	Orient	10121	07176160	V	ne 25, 1994
	.1/	M'T	1 / / / / / / / / / / / / / / / / / / /	11	11-5			1
,	31. DATE FILEO (Month, Day, Year) 32. EG	7.0	OIA	H 1	Salt MIS	<u> </u>		
	17	TRAR'S SIGNATURE	2.0.00					
	JUN 2 / 1994 July	CHANGE ON - NA	- Maria					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	GLADYS		THOMA	S	2. DATE O		-22-9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 70 2278	5. SEX 6. AGE (F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 3-1		8.	SIRTHPLACE (State of Foreign Country)
OR	90. FACILITY NAME (If not institution, give s North West Ho				allsto			9c. COUNTY Balto	
DIRECTOR	nesidence of decedent 100. STATE 100. COUNT Maryland Ba	to Co		TOWN OR LOCAT					tod. INSIDE CITY LIMITS?
RAL D	too. STREET AND NUMBER 4511 Chapel Hill C	Robosson			ZIP CODE	2.2		10g. CITIZEN	1 YES 2 NO
BY FUNERAL	tt. MARITAL STATUS t \sum Never Merried 2 \sum Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	211 ENDENT OF HISPAI ecity Cuben, Mexico	NIC ORIGIN?	(Specify Yee	or No- 14	. RACE — American Indian, Black, White, etc.
	3 Widowed 4 N Divorced 15. DECEDENT'S EDU	IF YES, GIVE WAR OR DA	16a. DECEDENT'S US	UAL OCCUPATION	2 NO Specif		KIND OF BUS	SINESS/INDUS	White
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (t-4 or 5+)	(Give kind of won life. Do NOT use r	k done during mo etired.)	st of working				
BE CON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Surneme)	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural	Route Numbe	r, City or Town	n, State, Zip Co	de)
3	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	.PLACE AND DATE OF letery, crematory or other		me of	DATE	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIN	Ronald W			.Baltin				omy Board ID21201
	23 PART 1. Entar the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly Dna cause Dn e	the death. Do not ach lina.		de of dying, suc	h aa cardi	ac or reapi	ratory arreat	Approximate interval Between Onset and Death
NO	Sequentially list conditions,	,	CONSEQUENCE OF):						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST		CONSEQUENCE OF						
AL CE	PART ii. Other significant condition	ans contributing to death b	ut not resulting in	tha undarlying	cause given in	Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDIC/						_	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	HOSPITAL:		THER:	ACE DF DEATH (Ch				
Ή	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	0F 28c. (NJ				NJURY OCCUR	ED
BY	t Natural 5 Pending 2 Accident Investigation			M t 🗆 Y	ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide datermined	28e, PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	st, fectory, office		281. LOCA City or	FION (Street of Town, State)	and Number or	Rural Route Number,
COMPLETED		ICIAN: To the bast of my know							euse(e) end menner ee stated.
w I	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)
TO B	Alive t	15:4			H 439	74		► 74×	23 94
ĭ	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	1-/			7 184	4
	31. DATE FILED (Month, Day, Year) JUN 27 1994	PAREGISTRAR'S SIGN	TENGS.						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)			· .		2. DATE OF DEATH		3. TIME OF DEATH			
	RUBY ESTE	LLE	TURNE	R		6 21	1994	3:00 P. M			
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign			
	217-34-8914	□ M 2 🛣 F	55 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 11-13-193	Cou	intry)			
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY OF	RYLAND			
E E	3316 CHERRYLAND RO	AD			LTIMORE CI						
DIRECTOR	RESIDENCE OF DECEDENT				TITIONE OF						
H.	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR L				10d. INSIDE CITY LIMITS?			
	MARYLAND			BAL	TIMORE CIT	Y		1 X YES 2 NO			
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
E	3316 CHERRYLAND RO.	AD			21225		US.	Δ			
FUNERAL		2. WAS DECEDENT EVE	R IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian			
	1 Never Married 2 Married	FORCES? 1 Y			i, specify Cuban, Maxica YES 2 NO Specif			ack, White, etc.			
ВУ	3 Wildowed 4 Divorced							ACK			
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S	USUAL OCCUI	PATION g most of working	16b. KIND OF BU	SINESS/INDUSTRY	,			
<u> </u>		College (1-4 or 5+)	Iffe. Do NOT u	se retired.)	on or morning						
MP	10th GRADE		HOMEM	AKER		OWN H	OME				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
BE	UNKNOWN				CLARA		TURNER				
	19a. INFORMANT'S NAME (Type/Print)		44.		set and Number or Rural	Route Number, City or Tow	n, State, Zip Code)				
2	CLARA TURN	ER	2023	NORTH	BENTALOU S	TREET, BAL	TIMORE,	MD. 21216			
	20a. METHOD OF DISPOSITION 1 D Burtal 2 O Cremation 3 D Remove	day Chair	20b. PLACE AND DATE		N (Name of	DATE 20c, LO	CATION — City or	Town, State			
	4 Donation 6 Other (Specify)	i irom stata	ſĔŦŔŎŢĊŔĔM	ATORY		6-24-9BALT	IMORE.	MARYLAND			
	21. SIGNATURE OF FUNERAL MERVICE LICEN	ISEE O	1	22. NAN	E AND ADDRESS OF FA	CILITY					
	I Wa U	11.16	m)	Jos	EPH H. BRC	WN JR. FUN	ERAL HO	ME, P.A.			
	The same	11.10	110	191	3 W. BALTI	MORE ST.	BALTIMO	RE, MD.21223			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one cause on each line. Approximate Interval Between										
	IMMEDIATE CAUSE (Final										
	disesse or condition reaulting in death) s.	ege	ecci ra	M.	Feeler	he					
	DUE TO (OR AS A CONSCOUENCE OF):										
z	Sequentially list conditions b. COPD										
Ĕ	Sequentially ilst conditions, if sny, leading to immediate										
2	CAUSE (Disease or Injury be letted events of the consequence of the letted events of the lett										
	thet initieted events resulting in deeth) LAST	DUE TO JOR			no to	e					
CERTIFICATION	resulting in deeth) LAST HOPPLEHEM SCON, GTS.										
	PART ii. Other significent conditions	contributing to deet	h but not reauiting	in the under	lying ceuse given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
EDICAL	This At. is	kien	galla			PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
9	elines or	ctest !	-/ 2.	1.	. □-NO	OF DEATH?					
Σ			-					1 YES 2 NO			
AN	DID TOBACCO USE C	ONTRIBUTE 1	O CAUSE O								
PHYSICIAN:		HOSPITAL:		OTHER:	B. PLACE OF DEATH (Ch	eck only one)					
YS		☐ Inpatient 2 ☐ ER/0	Outpatient 3 DOA		Home 5 Tesidence	8 Other (Specify)					
표	27. MANNER OF DEATH	(Month, Day, Yes		E OF 28c	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED				
ΒX	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
0	3 Suicide 6 Could not be	28a. PLACE OF INJ building, atc. (URY — At home, ferm, Specify)	street, tectory,	offica	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
COMPLETE	4 Homicide detarmined										
2	29a. CERTIFIER 1 CHERTIFYING PHYSICIA	AN: To the best of my k	nowledge, death occurr	ed at the time,	data and place, and dua	to the cause(a) and man	nner as stated.				
M	one) 2 MEDICAL EXAMINER:							e(a) and menner as stated,			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI						
ᇜ	// Marana - 4	HYSN FM	MIKS C	als=	7) 1011	2 /	LA I	ED (Month, Day, Year)			
ဥ	39 NAME AND ADDRESS OF PERSON WHO	-			11/84	u	0/0	144			
1	2980 S. Ha	novn S	F. 213	225			*				
	31. DATE FILED (Month, Day, Year)	3. REGISTRAR'S S	IGNATURE								
	JUN 6 1 1934	A morning	on-Mandell								



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IVISION OF VITAL RECORDS, P.O. BOX 68/60.	ATTENDING DAYSICIAN. The law remines that the death certificate he executed with

	1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC			MENIAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las NINA ALVE		UMBERGI	ER		JUNE 22,	1994	3. TIME OF DEATH 7:34 A	
	4. SOCIAL SECURITY NUMBER	1 M 2 💢 F 8		IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11 03		BIRTHPLACE (State or Foreign Country)	
TOR	94. FACILITY NAME (If not institution, given THE JOHNS HOP!				ORE CITY	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	10s. STATE 10b. COU	NTY		TOWN OR LOCA Baltimo			10d. INSIDE CITY LIMITS? VAT YES 2		
ERAL	100. STREET AND NUMBER 19 South Conkling Street			10	or. ZIP CODE 21224		10g. CITIZEN	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, s		NIC ORIGIN? (Specify Warn, Puerto Rican, atc.) fy:		RACE — American Indian, Black, White, atc. Specify: hite	
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 1 1		16a. DECEDENT'S U (Give kind of wo life. Do NOT use Housewo:	ork done during m retired.)	ost of working	16b. KIND OF BU	OME SINESS/INDUS		
BE CC	17. FATHER'S NAME (First, Middle, Last) Lloyd Haupt 19a. INFORMANT'S NAME (Type/Print)				Ida G	ertrude Bi	cown		
2	Ardeth A. Latte	a				Route Number, City or To Balto., md.		de)	
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	emoval from State C6	b. PLACE AND DATE OF metery, crematory or other	er place)		1	sing Su		
	21. SIGNATURE OF FUNERAL SERVICE		Brookview ~	Char	les S.Ze		Inc.	BURETI	
CERTIFICATION	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. PNE DUE TO (OR AS C. DUE TO (OR AS	EUMON:	FA JASCI		ACCIDE		Approximats interval Betwood Onset and Do 2 PA	
MEDICAL C	PART II. Other algnificant conditi	ons contributing to deeth	but not resulting in	the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH Netural 8 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY OCCURED (Month, Dey, Year) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT NORM. 29. PLACE OF INJURY AT NORM. 29. PLACE OF INJURY AT NORM. 29. PLACE OF INJURY AT NO								
PLETED BY PHY	1 Netural 2 Accident Investigation 3 Suicide 4 Homicide 6 Could not 1 determined 29e. CERTIFIER (Check only 1 CERTIFYING PH	(Month, Dwy, Year) 26e. PLACE OF INJUR building, etc. (Sp YSICIAN: To the best of my kno	IY — At home, ferm, etcecify)	RY M 1	ORK? YES 2 NO cs a and place, and due	28f. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,	
ETED BY PHY	1 Netural 2 Pending Investigation 3 Suicide 4 Homicide 6 Could not 2 determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29e. SIGNATUSE AND TITLE OF CERTIFIER AND ADDRESS OF PERSON 199.	(Month, Dwy, Year) 28e. PLACE OF INJUR building, etc. (Sp YSICIAN: To the best of my kno INER: On the besis of axeminati	INJU IY — At home, ferm, eti ecify) wiedge, death occurred on and/or investigation. EATH (ITEM 27) (Type, f	RY M 1 Treet, fectory, officer in the time, det in my opinion,	ORK? YES 2 NO cs a and place, and due death occured at the	28f. LOCATION (Street City or Town, State to the cause(s) and mo time, data and place, 4	and Number or i	Rural Route Number,	

Item 18, g-714, 8-1-94, per F.H., dr

FOR
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. TIME OF DEATH
4:48 PM
LACE (State or Foreign
cyland
ATH
10d. INSIDE CITY
LIMITS?
IAT COUNTRY?
A
- American Indian, White, etc.
White
WILLE
0
n, State
e, MD
nc.
MD
Approximate interval Between
Onset and Death
WERE AUTOPSY FINDINGS
MAILABLE PRIOR TO COMPLETION OF CAUSE
WAILABLE PRIOR TO
MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO
MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Ute Number, and menner ee stated. Month, Day, Year)
MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO ute Number, and menner ee stated.
MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Ute Number, and menner ee stated. Month, Day, Year)
MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Ute Number, and menner ee stated. Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within crours after death. Page 6 may be retained by the hospital or attending physician.
has been signed by the attending physician and con
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)	·				2. DATE OF DEATH		3. TIME OF DEA	TH	
		Howard D	oswell	Wither	s	June 24,	1994	6:00	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Fi	oreign	
	212-10-0854 9a. FACILITY NAME (If not institution, give st	1 X M 2 F	77 YRS.	MONTHS DAYS	HOURS MIN.	05/15/1	17 Maryland			
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) 7 Overgate Court (21030) RESIDENCE OF DECEMENT 90. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O Bal									
))	10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCAT	ION			10d. INSIDE CIT	,	
	Maryland 100. STREET AND NUMBER	Baltimore		100	Timon	ium	10g. CITIZEN OF 1	1 YES 2 X	NO	
FUNERAL	1 Bailiff's Co	urt. Unit	301			093	US		611	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes	or No.— 14. BAC	E — American Indi	en.	
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 XNO R DATES	If yes, sp		n, Puarto Rican, etc.)	Blac Spec	k, White, atc.		
BY	3 Widowed 4 Divorced				A		1,100	White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind of v	USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us							
N N	17, FATHER'S NAME (First, Middle, Last)		Tool	& Die			k & Dec	ker		
		Withows			18. MOTHER'S NAI	ME (First, Middle, Malden				
BE	Arthur W. 19s. INFORMANT'S NAME (Type/Print)	withers	19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Susan Ho				
2	W. Belden Burn	s. Jr.	1_	rgate		Cockeysv		D 210	30	
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O	OF DISPOSITION (Na	me of	DATE 20c. LOC	CATION City or To		30	
	1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	Metro Cr	emator	y.Inc.	6/25	Baltimo	re. MD		
	21. SIGNATURE OF FURERAL SERVICE LIC		My	22. NAME AN	D ADDRESS OF FAC	CILITY				
	George E.	MacNabb		299 F	rederic	ciety of	Relto	MD 21	228	
	23. PART I. Enter the diseases, or c	omplications that cau	sed the death. Do n	ot enter the mo	de of dying, such	h as cerdisc or reepin	ratory srrest,	Approxim	ste	
	ehock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Due to (on	lastati		don	Cancor	tolive	Onset sn		
CERTIFICATION	Sequentisliy list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	£	AS A CONSEQUENCE OF							
	PART II. Other significent conditions	s contributing to desi	h but not resulting i	n the underlying	ceuse given in	Part i. 24s, WAS AN	AUTOPSV 24h	. WERE AUTOPSY F	INDIANGS.	
PHYSICIAN: MEDICAL		15			, 00000 given iii	PERFOR	MED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?	то	
N	DID TOBACCO USE C	ONITRIBUTE TO	CALICE OF	DEATH V	20 7 20			1 🗌 YES 2 🗍	NO	
AN	25. WAS CASE REFERRED TO MEDICAL	CIVIRIBUTE TO	CAUSE OF		ACE OF DEATH (Che					
딩	EXAMINER?	HOSPITAL:	Outpetlant 2 7 DOA	OTHER:					\neg	
Η	27. MANNER OF DEATH	26a. DATE OF INJU	RY 28b. TiMi	E OF 28c. INJ	9 5 Residence	8 ☐ Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURED			
	1 Natural 5 Pending	(Month, Day, Ye.	ar) INJ	URY WO	RK? 'ES 2 NO					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJ building, atc. (URY — At home, ferm, a Specify)	street, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or Rural i	Route Number,		
LET	29a. CERTIFIER			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					-	
COMPLETED	(Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC P							s) and manner as s	iteled.	
BE	296, BIGHATURE AND TUBLE OF CENTURES	2 a	record	DUD	29c. LICENSE NUM	MBER (29d. DATE SIGNED			
٥	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 20 / Tien	Andre S	- 1/1	1) (4)	00/2	2124		
	Charles A. Pad	gett, M.		Loch R	aven Bl	Lvd. Bal	timore	MD 21	239	
	31. DATE FLED (Month, Day, Year)	Je DEGISTARIS S	ignature on fondett					EN BEZIN		

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To the

Pages 1, 2, 3 should permit, use as the burial-transit be retained by the hospital or attending physician. Ď funeral director, page 5 should be detached notified pe Раде 6 тау must examiner ours after death. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to bunal, cremation, or removal. medicai the event, executed with traumatic death certificate be other injury, requires that the any Shows been it, of h has be. Dept. The law r 23 h the State I ATTENDING PHYSICIAN: this c is marked,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After

DIRECTOR: 1

THE HOSPITAL (THE FUNERAL D filed within 72 h

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NO.

, Item # 10a, 10e, 10d9a, 19b 18 Film # G 712 06-27-94 N.A. Per Funeral Homr FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF OFATH 22 YEAR JUNE CHAZ WHITTINGTON 7:32 P.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1-2-82 1 🔯 💢 2 🔲 F 12 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOPKINS BAYVIEW MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 3951 10c. CITY, TOWN OR LOCATION.
Baltimore 10b. COUNTY 10d. INSIDE CITY
XXLIMITS?
1 YES 2 NO 10. STREET AND NUMBER
3951 W. north FUNERAL 101. ZIP CODE 2 1 2 10g. CITIZEN OF WHAT COUNTRY? northern Pkwy 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES Z NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, spents Cuben, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: IF YES. GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Once. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Ħ Charles Whittington BE Jacqueline Watts 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Whittington Watts Jackie 1951 Whittington 3951 W Pkwy. Balto. MD. Northern METHOD OF DISPOSITION

TE Burlel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Western 4 Donation 5 Other (Specify) Star 6-28 Baltimore, MD OF FUNERAL SERVICE LICENSEE James A. Morton & Sons Um 1701 Laurens St. Baltimore, MD 21217 23. PARY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximsta shock, or heart feliure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition resulting in death) OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST 10 PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL 1XXES 2 NO 1 Inpatient 2 XER/Outpatient 3 I DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 194 1830HX 2 NO 1 YES 2 Accident arowne BY ect Investigation 28t. LOCATHO City or To LACE OF INJURY - At home, lerm, street, lactory Suicide 8 Could not be COMPLETED 4 Homicide 28 4 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On nination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner as stated. TO THE HOSPIT TO THE FUNERA DE filed within 7 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. ▶ JUNE 23,1994

> 31. DATE FILED (Month, Day, Year) JUN 271994

111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE i Sanden Rudall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLE OF DEATH (ITEM 27) (Type, Print)

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P1101 12

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Item # 17 Film # G 712 06-27-94 N.A. Per Funeral Home

	1 - STATE REGISTRAR	STATE OF MARYL				DEATH AN	D MENTA	AL HYGIENE REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	Etrenda M		Willi	ams		2. DAT MON 6	e of OEATH TH 21 DAY	1994	3. TIM	WE OF DEATH
	4. SOCIAL SECURITY NUMBER 216-76-2305	5. SEX 6. AGE	(In yrs. last birtho	MONTH	ER 1 YEAR	HOURS MIN	s. 7. DATE	e of BIRTH	8. Bi	erthplace	(State or Foreign
СТОВ	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 843 Harlem Avenue 843 Harlem Avenue										
DIREC	100. STATE 10b. COUNT	TY .	10c.	CITY, TOWN		TION				L	NSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 843 HARLEM A	Tire		10	2120	1	1	Og. CITIZEN (OF WHAT C	OUNTRY?	
BY FUN	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	1:	If yes, sp	CENDENT OF HIS Decify Cuben, Me 3 2 1 NO Sp	xican, Puerto	IN? (Specify Yes or Rican, etc.)		RACE — Am Black, White Specify:	
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 1 T H		Ille. Do No	IT'S USUAL of work don of use retired	e during mo !.)	ON ost of working	16	UNKN		₹Y	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) CHARLES B	SMITH Charle	s B. W	illiam	S	18. MOTHER'S JES		Middle, Meiden Sur WILLIA	-		
TO B	190. INFORMANT'S NAME (Type/Print) JESSIE SMIT	Н						mber, City or Town, S			
	JESSIE SMITH 4520 GARDEN DRIVE BALTO, MD 21215 20e. METHOD OF DISPOSITION XIXBurlet 2 Cremetion 3 Removel from State 20b. PLACE AND DATEOF DISPOSITION (Name of Competing of Other (Specify) of Other (S										N, MD
	21. SIGNATURE OF FUNETAL SERVICE LICENSIAE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue										
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):									Approximate Interval Between Onset and Deal L Glub	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Acquired Immunud & fixency Syndrome DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									7 (40)	
MEDICAL CE	PART II. Other algnificant condition	ne contributing to death b	out not result	ing in the	underlyin	g cause given	in Part i.	24a. WAS AN AU PERFORME 1 YES 2	D?	OF DE	AUTOPSY FINDING: ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH	(Check only	one)			
HYS	1 YES 2 NO	1 Inpetient 2 ER/Out		A 4 - N	ursing Hon		7				
BY Pt	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		TIME OF INJURY M	1 _	JURY AT ORK? YES 2 NO	28d. DI	28d. DESCRIBE HOW INJURY OCCURED			
ETED	3 Sutcide 6 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, lerm, street, factory, office City or Town, Steet) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, Steet)									umber,	
COMPLI	Anni -	BICIAN: To the best of my know ER: On the basic of examination								zee(e) end n	menner ee stated.
TO BE	Jouanne Alley	Cohn Anna	dran all	En Ge	ly	29c. LICENSE	166		Pd. DATE SIG	194	
	JONATHAN COHN	M.D. UMM	s, HIV	Type, Prim) PLOGK	AMS,	Box 1	65,	225.61	reens:	+ BA	2120 170 Mp
	31. DATE FILE NOTE DY 1994	GE REGISTRAR'S SIGN	ATORE				,				

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal.	medical examiner must be notified of once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Devi. of Health and Mental Houlene prior to burial, cremation, or removal.	IMPORTANT: If lam 28 is marked or item 23 shows any injury or other traumatic event the medical assuminar must he notified of ence

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Lest)

2. DATE OF DEATH

TO MONTH DAY YEAR									
	OF DEATH								
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 2 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) MARYLAND									
Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
BOUTIMOR A. HOS PITAL BOLLYMORE BOLLYMORE 10c. STATE 10c. STATE 10d. COUNTY 10d. CITY, TOWN OR LOCATION BALTIMORE CITY 10d. INSI LIMING BALTIMORE CITY 10d. INSI LIMING BALTIMORE CITY	ee								
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI	IDE CITY								
MARYLAND BALTIMORE CITY 12 YES	S 2 NO								
104. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COU	INTRY?								
2421 RIDGLEY STREET 21230 USA.									
10e. STREET AND NUMBER 2421 RIDGLEY STREET 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Vee or No— 14. RACE — Americal 15. Was Decented or No— 16. Street AND NUMBER 10e. CITIZEN OF WHAT COU USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Vee or No— 14. RACE — Americal 16. Specify: Usban, Mexican, Puerto Ricen, etc.) 16. Specify: BLACK	can Indian, itc.								
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) UNKNOWN 17. FATHER'S NAME (First, Middle, Lest) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
UNKNOWN CONSTRUCTION WORKER									
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
MILED MALE GARAGE									
JOSEPHINE SCOTT 2421 RIDGLEY STREET, BALTIMORE, MD. 21230									
JUSEPHINE SCOTT Z4Z1 RIDGLET STREET, BALTIMORE, MD. 21230									
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) GARRISON FOREST CEMETERY 6-27-94 OWINGS MILLS, I									
21. INDINATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
JOSEPH H. BROWN JR. FUNERAL HOME, P									
1913 W. BALTIMORE ST., BALTIMORE, MI 23. PART 1/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, App	D. Z1 ZZ								
a. ESOPhayeal Cancer DUE TO (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or Injury									
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
d									
PERFORMED? AMAILABLI COMPLET	E PRIOR TO								
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO									
	3 2 NO								
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
EXAMINER? HOSPITAL: OTHER:									
1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
M 1 YES 2 NO									
3 Sulcide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	2 Accident 3 Suicide 6 Could not be building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
29a. CERTIFIER AND CERTIFIED BAYERCIAN, To the hard of the land of									
22a. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Chelorien (Ch	vier an stated								
S/1 2 C m. 20									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
The state of the second of the state of the									
21 DATE SUED (Horst) Day May)									
31. DATE FILED (Month, Day, New) 31. REGISTRAT'S SIGNATURE JUN 2 7 1994 Fina Dividon Aindall									
1 OOI D 1 1994 N A MANAGEMENT CONTRACT									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second outside the face of
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		PARTMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Helga		ard			2. DATE OF DEATH MONTH	MY - 9	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 220-80-8761	1 M 2 🕮 F	55 v	'RS. MONTHS DAY	8 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-09-3	9	BIRTHPLACE (State or Foreign Country) Germany		
TOR	9a. FACILITY NAME (If not institution, give street and number) Howard County General Hospital Columbia Besidence of Decement									
DIRECTOR	-	ward		c. city, town on Lo Columbia				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	104. STREET AND NUMBER 9324 Ripplestir P1. 107. ZIP CODE 21045									
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	If yea	DECENDENT OF HISPAN specify Cuban, Maxica (ES 2 NO Specify		s or No— 14	RACE — American Indian, Black, White, etc. Specify: White		
LETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give k	ENT'S USUAL OCCUPING of work done during NOT use retired.)		16b. KIND OF BU		STRY		
COMPLET	17. FATHER'S NAME (First, Middle, Last) Heinz Schmid	it	1 10	usewife		Hom ME (First, Middle, Meider arite Gr	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Ronald R. Wa	ard			et and Number or Rural I	Route Number, City or Tov	vn, State, Zip C	ode) 21045 Maryland		
	20s, METHOD OF DISPOSITION 1 © Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0544 Mem. Pk. 6-2B-94 Columbia, Md. 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home, P.A. Ellicott City, Maryland 21043									
CERTIFICATION	23. PART I. Enter the diseases, or abock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	List only one couse on	A CONSEQUENTA CONSEQUENTA	redial I		on dise		tt, Approximata Interval Between Onset and Death Bhrs		
MEDICAL	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying course given in Part I. Angiophosty x4, chronic henal failure 6 h Contributions of the underlying course given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 KHO Contributions									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 🗆 (OTHER:	. PLACE OF OEATH (Ch	the section of the				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending						RED		
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Sp	ecify)	narm, stract, vactory, o	ulico	281. LOCATION (Street City or Town, State	and Number or	Hural Houte Number,		
COMPLETE	one) _	ICIAN: To the best of my kno IR: On the besis of examinati						cause(a) and manner as stated.		
8	SHO SIGNATURE AND TITLE OF CERTIFIE	Ine. w	1		531	473	29d. DATE :	IGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WITH	OCCUPATED CAUSE OF D	DEATH (ITEM 27	(Type, Print)	LEDAN	LW.Co	ww	13/1/15		

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH rances YEAR found 1.35 215 Tine 1994 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign Country) DAYS 79245562 1 - M 2 X F of Columbia VIV 1918 DISTRICT permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9c, COUNTY OF DEATH GOOD SAMARITAN RECTOR Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE PARKVIlle Md. ā 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rd 7919 Dalesford 21234 the funeral director, page 5 should be detached for use as the bunal-transit or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify Specify: 3 Wildowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) MARYLAND SCHOOL For Blind Elementary/Secondary (0-12) College (1-4 or 5+) the hospital 12 5 TEACHER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph BreWSTER F. UTLEY BUTKEHEAD Sarah ĕ retained by BE notified 19e. INFORMANT'S NAME (Type/Print) 2 Forest Hill, Md. 21050 ressling pe 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 4 Donation 5 Other (Specify) DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must 42344 BAL Green Mount Cemeter y -Timore, City, Md. 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
EVANS Chapel of Memories
8800 HARFORD Rd. Bolto. Nd. 21234 21. SIGHTURE OF FUNERAL SERVICE LICENS examiner Kerent medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate completely filled in by shock, or heart fallure. List only one cause on each line. Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death the cremation, disesse Dr condition avenom o reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and wer an CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 9 if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 24e. WAS AN AUTOPSY MEDICAL PERFORMED? Sensis апу 1 YES 2 NO beso 1 - YES 2 XNO 25. WAS CASE REFERRED TO MEDICAL ema PHYSICIAN: 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 9 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) marked, Natural 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending М 1 YES 2 NO BY _ Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Sulcide 6 Could not be COMPLETED 28 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner es stated. TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h reatigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end menner as stated. MANATURE AND TITLE OF (Dr John 12. Many M. D) # 0761 29d. DATE SIGNED (Month, Day, 994 BE #07615 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, MUAN Good SAMARITAN Mo HOSPITAL

32. REGISTRAR'S SIGNATURE la Pavidson-Pandell

.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

					OAIL C	I DE		HEG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Bertha K.	Zimmerman		1.7			2. DATE OF DEATH MONTH JUN. 24, 1994			3. TIME OF DEATH 12:40 A M	
	4. SOCIAL SECURITY NUMBER 113-05-4941	5. SEX 6. AGE (in yrs. lest		-	IF UNDER 1 YEAR		ER 24 HRS.	7. DATE OF BIRTY (Month, Day, Ye 12/14/9	H	Count	NPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st			9b. CITY. TOW	N OR LOCA	TION OF D			UNTY OF I		
TOR	Meridian Nursing	- 1	96. CITY, TOWN OR LOCATION OF DEATH Catonsville Baltimor								
DIRECTOR	100 COUNTY Balti		10c. CITY	TOWN OR LO	CATION	7			10d. INSIDE CITY LIMITS? 1 YES 2 X N		
FUNERAL	5658 Braxfield Ro	ad				101. ZIP CO 212	2 7	10g. CITIZEN O USA			WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES GIVE WA NOTICE	YES 2 N	MED O	It yea,	ECENDENT specify Cul 'ES 2 NO	en, Mexica	NIC ORIGIN? (Specifien, Puerto Rican, etc.)	ly Yea or No—	14. RAC Blac Spec Whit	E — American Indian, k, White, atc.
	15. DECEDENT'S EDUC		16a. DE	CEDENT'S U	SUAL OCCUP	ATION		16b. KIND O	F BUSINESS/IN	-	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	ve kind of wo Do NOT use Cetary		most of work	king	Enter	tainme	nt	
S	17. FATHER'S NAME (First, Middle, Lest)					18. MO	TNER'S NA	ME (First, Middle, Mi			
O	Joseph Noe					100		oeth Gran			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING A	ADDRESS (Stre	_		Route Number, City of		(io Code)	-
2	Charles J. Noe				axfie			Arbutus		MD	21227
	20g. METHOD OF DISPOSITION				DISPOSITION				c. LOCATION -		
	1X Burial 2 Cremation 3 Remo	oval trom State	ME Zi	on Ce	meter	7					Maryland
	21. SIGNATURE OF PLINERAL SERVICE LIC	ENSEE					ESS OF FA	CILAMbrose	Funer	cal H	ome
		on			1328	Sulp	hur S	Spring Ro	oad, Ar	butu	s,Md
	23. PART & Enter the disease's, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus SEI	e on each line.			mode of d	ying, suc	h aa cerdlec or i	respiratory a	rrest,	Approximate Interval Between Onset and Death
MINON	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OR AS A CONSEC	A CONSEQUENCE OF):								
빙											
EDICAL	DINLUTCO	eaulting in	ting in the underlying cause given in F			PE	S AN AUTOPSY REORMED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
N N	DID TOBACCO USE (CONTRIBUTE	TO CAUS	SE OF	DEATH	YES T	ח תכ				1 YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL							eck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	lome 5 🗆 I	Rasidence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATN 1 S Natural 5 Pending	28a. DATE OF II (Month, Day	NJURY ; Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	□ NO	28d. DESCRIBE H		CCURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)								Aoute Number,		
١٣	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of m	ny knowledge des	th occurred	at the time of	lete and play	a and due	to the enume(s) and	1	ed a d	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER ROLLANDE RO	pa wo				29c., £1	SENSE NUI	541	29d. DA	TE SIGNED	(Month, Day, Year) + 194
٦	30. NAME AND ADDRESS OF PERSON WHO HAD TO THE STATE OF TH	Ferry	OF DEATH (ITEM	27) (1/00. 1	eltin	ove	MI)-212	27		
	31. DATE FILED (MANITY-201994	82 REGISTRAR	'S SIGNATURE	<u>~</u>							

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ector, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

DIRECTOR

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CERTIFICATION

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ECORDS, P.O. BOX 68760 DIVISION OF HOSPITAL OR ATTENDING PH

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TO THE HOSPITAL OR ATTENDING PHYSIA METERS AND THE PERIOD CONTINUES TO THE HOSPITAL OR ATTENDING PHYSIA METERS AND THE HOSPITAL OR ATTENDING PHYSIA METERS AND THE HOSPITAL OR ATTENDING PHYSIA METERS.	TO THE FUNERAL DIRECTOR: After this certifier to the funeral of the attending physician and completely filled in by the funeral dis	_	IMPORTANT: If Item 28 is marked, or them 23 states any injury, or other traumatic event, the medical examiner
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SI	d Li	e	pe
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Charles Henry Alexander Sr 6 94 6:15 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4/3/1916 78 DAYS HOURS Maryland 1 X M 2 - F YRS. 213-07-2372 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1002 Old Joppa Road Joppa Harford RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Joppa 1 YES 2 XNO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1002 Old Joppa Road 21085 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify: White If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 College (1-4 or 5+) Superintendant Beth.Steel Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) James M. Alexander Mary B. Thalheimer 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Thelma E. Alexander Same as 10F 20a. METHOD OF DISPOSITION
1 IX Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Bel Air Memorial Gardens 4 Donation 5 Other (Specify) 6/30/94 BelAir Md 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF Leonard J. Ruck Inc. Longelo 21214 5305 Harford Rd. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition DUE TO FOR AS A CONSEQUENCE OF: arrest resulting in death) 3 mos. Sequantially list conditiona, if any, leading to immediate Stomach Vs. colon DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CATCHOMA CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO nue COMPLETION OF CAUSE 1 | YES 2 | NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpetient DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO Accident 3 Suicide 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or 78vn, State) 6 Could not be

4 Homicide determinad 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.

beale of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner ee stated 296. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) MD ww D405 29

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

University of Maryland Medical Center Balto. Md. 21201 Flowers Mer 32. AUGUSTRAP'S SIGNATU JUN 2 8 1994

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ITEMS: 23 PART I,27,28a,b,c,d,e,f PER F.H. G-712 6/30/94

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JUNE 16 1954 7:43 A ARTIE ADKINS W. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5/2/54 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 464-88-6742 1#1 M 2 | F 40 TEXAS use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2319 GARRETT AVENUE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2319 GARRETT AVE. 21218 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarlo Rican, etc.) YES 2 I NO Specify: ΒY 3 Widowed 4 Divorced AFR. AMERICAN 15. OECEDENT'S EOUCATION COMPLETED 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY P College (1-4 or 5+) 12 EXTERMINATOR detached BALTO. CITY PUBLIC SCHOOL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 To WILLIAM G. ADKINS BE RUBY NELL ADKINS notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JULIA ADKINS 2319 GARRETT AVE. BALTO. MD. after death. Page 6 may be must be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State funeral director. ARBUTUS PARK 4 Donation 5 Other (Seccity) 6/21/94 ARBUTUS, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTIMORE, MD. 21217 filled in by the Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heert fellure. List only one cause on each line. 23. PART I. Enter the diseases, Approximate Interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) NARCOTIC [MORPHINE] & COCAINE INTOXICATION nding physician and completely Hygiene prior to burial, cremati traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed wit DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST Mental PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I 23 HOSPITAL OR ATTENDING PHYSICIAN: The law has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 4 □ Nursing Home 5 X Residence 1 X YES 2 NO 6 C Other (Specify) the 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 5 Pending FOUND: 6/16/94 Unknown ™ 1 TYES 2 XXNO BY UNKNOWN After 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)
FOUND AT HOME 261. LOCATION (Street and Number or Bural Route Number City or Town, State) 2319 GARRET AVE. DIRECTOR: Aff hours after de-item 28 is r 3 Suicide COMPLETED 4 Homicide BALTIMORE, MD. TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS DE filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 296. SIGNATURE AND TITLIFOF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE JUNE 16,1994 O.C.M.E. 2 MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THEODOR Penn Street, Baltimore, Maryland 21201

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			ENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	Joseph Kennet			1		June 2	3 1994	10 00 ам
	4. SOCIAL SECURITY NUMBER 213-03-2616	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)
1	9a. FACILITY NAME (If not institution, give	14	81 YRS.					ryland
<u>چ</u>		· ·		Baltimo	R LOCATION OF DEA	тн	9c. COUNTY OF	F DEATH
18	Keswick Nursing I			раттшю	re		N/A	
DIRECTOR	Money Town 1	Y	111	TOWN OR LOCATI	ION			10d. INSIDE CITY LIMITS?
	Maryland N/A		Balt	imore	ZIP CODE		40- OFFITEN O	1) YES 2 NO
RA	605 Highwood Driv	ve			1212			States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DECE	ENDENT OF HISPANIC	C ORIGIN? (Specify Yes	or No 14. R	ACE American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			cify Cuban, Mexican, 2 NO Specify:	Puerto Rican, etc.)		ack, White, atc.
	15. DECEDENT'S EDI	JCATION	16a. DECEDENT'S US	SHAL OCCUPATION		16b. KIND OF BUS	INCREMINISTER	White
COMPLETED	(Specify only highest grad	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use in	k done durina mos	at of working	IGA, KIND OF BUS	NNESS/INDUSTRI	1
AP L	12					Bendix	Radio	
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden		
BE	Spalding Albert 19a, INFORMANT'S NAME (Type/Print)					Lansberger		
2	Marion F. Albert					timore, M		
	20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rem	20t	.PLACE AND DATE OF				CATION — City or	
	1 Buriel 2 N Cremation 3 Ren 4 Donation 5 Other (Specify)		reenmount	r place)		√24/94 Ba1		
1 3	21. SIGNATURE) OF FUNERAL SERVICE I			22. NAME AN	D ADDRESS OF FACI	LITY		I MAL) LOTTO
	July 1	crarse		6500	York Road	efeld Home 1 Baltimor	e. MD 2	1212
	23. PART I. Enter the dispesses, or shock, or heart failure	complications that caused List only one cause on a	the death. Do not	enter the mod	le of dying, such	aa cardiac or respi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Rieuma	•					Interval Between Onset and Death Yweeks
		O DUE TO (OR AS A	CONSEQUENCE OF):	1				1510240
NO.	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):	ralas	e			13 years
\{ \}	cause. Enter UNDERLYING CAUSE (Disease or Injury	6						
틸	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resoluting in death) EAST	d						
A P	PART II. Other significant condition	ns contributing to death b	out not resulting in	the underlying	cause given in P	art I. 24a. WAS AN		44b. WERE AUTOPSY FINDINGS
1 (5)						1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC						_ '		1 TYES 2 NO
AZ	25. WAS CASE REFERRED TO MEDICAL							
SCI	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outp	patient 3 DOA 4	THER:	ACE OF DEATH (Chec			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJU	JRY AT	26d. DESCRIBE HOW IN	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(month, bay, rour)	INJUN		ES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, office		28t. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
PLE		SICIAN: To the best of my know						
COMPL	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	n and/or investigation,	in my opinion, de	ath occured at the til	ma, data and place, and	d due to the caus	e(a) and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIE M. Dallle W.	as greger i	he)) 1365	ER 7		ED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	ICK.	700 W.4	0 K 07 -		MARE MIZELL
	31. DATE FILED (Month, Day, Year) JUN 2 8 1994	PEGISTBAR'S SIGN	ATURE	/ [-	11131	13.1-11	7.1766611
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	DEPARTMEN			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest)	300 ne				2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY HUMBER 5. S		ast birthday) IF UND	ER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	1 8	BIRTHPLACE (State or Foreign
	10.10	M 2 J 47	YRS. MONTHS		OURS MIN.	(Month, Day, Year)	-47	Country)
ECTOR	9a. FACILITY NAME (If not institution, give street as University of R	lory band to	5012 TS		LOCATION OF DEA		9c. COUNTY	of DEATH Himme
EG	RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY		10c. CITY, TOWN		t			10d. (NSIDE CITY
DIR	MD		BALTIN	ORE (CITY			LIMITS?
MI	10e. STREET AND NUMBER			101. ZI	P CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	1712 RIGGS AVEN				21217		U.S	
	1 Never Married 2 N Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES XX F YES, GIVE WAR OR DATES	RMED 13	If yes, specif	y Cuban, Maxican	C ORIGIN? (Specify , Puarto Rican, atc.)	fes or No 14	. RACE — American Indian, Black, White, afc.
BY	3 Widowed 4 Divorced	TES, GIVE WAR OR DATES		1 U YES 24	NO Specify:			SBLACK
TED	15. DECEDENT'S EDUCATION (Specify only highest grade compl		ECEDENT'S USUAL Give kind of work done b. Do NOT use retired.	OCCUPATION e during most o	f working	16b. KIND OF E	BUSINESS/INDUS	TRY
COMPLET	,	n / a	n/a)		n/	а	
₩0	17. FATHER'S NAME (First, Middle, Last)	11/4	11 / 4	10	B. MOTHER'S NAM	E (First, Middle, Maid		
BE C	FRANCIS WEAVER				ZENOBIA	A KEY		
10	19a. INFORMANT'S NAME (Type/Print)	19	1712 RT	SS (Street and	Number or Rural Ro	oute Number, City or 1	own, State, Zip Co	ode)
	WILLIAM GRIFFIN 200. METHOD OF DISPOSITION	20b 81 ACE	AND DATE OF DISPO				LOCATION — City	au Taire State
	14 Buriel 2 Cremation 3 Removal fi 4 Donation 5 Other (Specify)		ematory or other plece		Oi	DATE 20C.	LOCATION — CIT	y or lown, state
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	// -	22	. NAME AND	ADDRESS OF FAC	ILITY		
	ni Mu	ull		IRVII	N CARRO	OLL 171	2 W. N	ORTH AVE.
	23. PART I. Enter the diseases, or compleshock, or heart fellure. List of	licetions that caused the d	eath. Do not ente	er tha mode	of dying, such	sa cerdiec or rea	piratory arres	t, Approximats
	IMMEDIATE CAUSE (Fine) disease or condition	10.	/ ~		. ,			Onast and Death
	resulting in death)	DUE TO (OR AS A CONSE	CHING OF	resp	146-00	1 tala	ce_	3 Lays
z		11101	A fects			l		75 ckey (
NT O	Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS A CONSE		,	1 - 1		. /	30/
길	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OFF AS A CONSE	OUENCE OF):	ant.	to me	this co	en	20 ª Ty
CERTIFICATION	resulting in death) LAST	1410 7	risesse	1A	DS			4 werks
	PART II. Other algnificant conditions cor	ntributing to death but not	resulting in the I	inderlying c	euse given in E	Part I 24a MAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL	Winay trad	infection		anderlying c	ouse given in r	PERF	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MED						_ TES	2 NO	OF DEATH?
PHYSICIAN: MEDIC						_		
ICIA		SPITAL:	OTHE		E OF DEATH (Chec	ck only one)		
HYS	1 YES 2 NO 1	Inpatiant 2 ER/Outpetlent :				Other (Specify)	W IN HIRW 000H	250
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK		28d. DESCRIBE HON	V INJURY OCCUP	NED .
D BY	3 Suicide 6 Could not be	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fa	ctory, office		281. LOCATION (Sire	et and Number or	Rural Route Number,
ETE	4 Homicide datermined	bunding, etc. (openly)				City or Town, Ste	re)	
COMPLETED		To the best of my knowledge, d						
CO	2 MEDICAL EXAMINER: On	the besia of examination and/or	investigation, in my	opinion, deati	n occured at the ti	ime, data end place,	and dua to the c	euse(a) and manner as stated.
BE	296_SIGNATURE AND TITLE OF CERTIFIER	Cafetr MIE	7 7 6:1	25	C. LICENSE NUME	BEA	29d. DATE S	IGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	79			1,0	100
	4. 16 685 Cy, UND	, Univer	ite of	Man	land	40 spite	1.13611	Sware 2001
	31. DATE FILED (MONTH, Any, War) 1994	32. BEGINTANI SIGNATURE	Que la la la la la la la la la la la la la			- Walter	7	
			- men					



TO THE HUSPING METEROPH PRISIDANT: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician. The page 1 or attending physician and completely filled to by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fine to the pure filled by the prior to burial, cremation, or removal.

IN THE FULL STATE AND THE THE PROPERTY OF THE PROPERTY O BALTIMORE, MARYLAND 21215-0020 OF VITAL RECORDS, P.O. BOX 68760

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	Item11,Film713, Item18 7-11-94	7/14/94,1t FilmG713 W.H.pe	er F/H			94	18729
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last) Edward Morgan 4. SOCIAL SECURITY NUMBER	Boartfield	, Sr.		2. DATE OF DEATH DATE OF DATE	5 94	4 11:30 A.
	The state of the s	1 X M 2 □ F 83	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF E	7. OATE OF BIRTH (Month, Day, Year) 2 / 1 4 / 1 9	C	IRTHPLACE (State or Foreign ountry) eorgia
DIRECTOR	Lorien Nursin			Columbia			oward
	Maryland 106. COUNTY		Bal	to. City			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	3032 Lorena	AVE.		10f. ZIP CODE 21230		U.S	
₽	1 Never Married 2 Married 3 Married 4 Divorced	FORCES? 1X YES 2 N IF YES, GIVE WAR OR OATES 1927-1929		. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, alc. Specify: White
once. COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	repleted) (G College (1-4 or 5+)	CEDENT'S USUAL Clive kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BUS		t Trucker
ed at once. BE COM	17. FATHER'S NAME (First, Middle, Last) Sidney, Bo		ITUCK D	18. MOTHER'S N	AME (First, Middle, Maiden		
TO BE COM	19a. INFORMANT'S NAME (Type/Print) Fileen Spade			me as 10E		n, State, Zip Code)
r must b	20a. METHOD OF DISPOSITION 1	of Sprage Streets	AND DATE OF DISPO	SITION (Name of		CATION — City o	wson , Md. J. Ruck, In
examiner must	21. SIGNATURE OF FUNERAL SERVICE LICE	laser Si		5305 Harfo	rd Rd.		J. Ruck, In
event, the medical	IMMEDIATE CAUSE (Final	As provided Due to (or As a consecutive Due to (or As a co				ratory errest,	Approximate Interval Between Onset and Daath
other traumatic e	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	SCLENC DUENCE OF:		erilia		
CEF 0	PART II. Other significent conditions			inderlying cause given in			24b. WERE AUTOPSY FINDINGS
shows any inju					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CO	ONTRIBUTE TO CAU		28. PLACE OF DEATH (C			
1 ×	a continue a continue	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	R: Irsing Home 5 Residence 28c, INJURY AT WORK?	6 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURE	D
ED BY	Natural 5 Pending Investigation Suicide 8 Could not be determined	28s. PLACE OF INJURY — At ho building, etc. (Specify)	М	1 YES 2 NO	281. LOCATION (Street a City or Town, State)	und Number or Ru	Iral Route Number,
PLE	one)	AN: To the best of my knowledge, de On the bests of examination and/or I					ree(a) and manner as stated.
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	ilioq		29c, LICENSE NU	MBER 75	≥ 6/	NED (Month, Day, Year)

WHO COMPLETED CANSE OF DEATH (ITEM 27) (Type, Print) • 127/84

Old Annapolis

21042 Rd. Maryland City, Md.

Richard Kolodrubetz M.D. 9501

31. DATE FILED Worth 2018 809 994

32. REISTRADES, SIGNATURE

32. REISTRADES, SIGNATURE

32. REISTRADES, SIGNATURE

32. REISTRADES, SIGNATURE

33. DATE FILED Worth 2018 809 994

E 681 .1 -1

YEAR

U.S.A.

3. TIME OF DEATH

1200

PLACE (State or Foreign

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

Specify: WHITE

1 YES 2 XNO

(21215)

intarval Between

Onset and Death

6 MONTHS

YLAND 21215-0020

BALTIMORE.

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1 Natural

2 Accident

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1	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician	9	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traus
1				

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN MONTH JUNE BRONSTEIN TAC OB 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 73 YRS. DAYS HOURS MIN. 068-07-7842 1 X M 2 - F DEC. 23,1920 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN BALTIMORE UNIVERSITY OF MARYLAND HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MD. RANDALLSTOWN 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21133 9402 EDWAY COURT 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 Never Married 2 Married
3 Wildowed 4 Divorced FORCES? 1 TYPES 2 1 YES 2 NO Specify: W.W.II ARMY 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5+ ELECTRONICS ENGINEER WESTINGHOUSE 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) SARAH BRONSTEIN LOIS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9402 EDWAY COURT, RANDALLSTOWN, MD • (21133) MR. EUGENE BRONSTEIN 20e METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State CHEVRA AHAVAS CHESED 6/26/94 RANDALLSTOWN, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD. 23. PARTA Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** diseese or condition_ RENAL CELL reaulting in death) CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): Sequentielly ilat conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 1 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH

26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED

M 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

038683

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND SITLE OF SESSIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

CARL SHAWHOLTZ UNIV OF MO CANCER CENTOR 225. GREENE ST.

JUN 2 8 1994

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DNMH-16 Rev 1/89

JUNE 25, 1994

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 I	funeral directo
nours after	y filled in by the tion, or removal.
ate be executed within	ysician and completely prior to burial, crema
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law requires that	has been signed to Dept. of Health a
3 PHYSICIAN: The	or this certificate It with the State
TO THE HOSPITAL DR ATTENDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, List) 2. DATE OF OEATH 3. TIME OF DEATH YEAR PATRICIA BURRIS June 26 1994 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 74 1 M 2 FF 133-14-8730 Apr es 1, 2, 3 should 9a. FACILITY NAME (If not institution, give sireet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8590 Hayshed Lane Columbia Howard RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N.Y. Suffolk 1 YES 2 NO Amityville FUNERAL 10e, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 7 Floral Dr. U.S.A. 11701 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES tt. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. t Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Home-maker Own Home 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 William M. Hunter BE Martha Glen notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Carl Burris Same_as 10a - 10e 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must er place) 7-2+94Pinelawn Mem. Park Pinelawn, N.Y. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home Inc. Wallace 1050 York Rd. Towson, Md. 21204 medical 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreet, Approximata shock, or heart fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Deeth the diseese or condition_ CANCER KREAST resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MEDICAL any 1 ☐ YES 2 ☐ NO OF DEATH? shows a 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\precedet\) NO \(\precedet\) PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 TES 2 NO t | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5, Residence 6 ☐ Other (Specify) 6 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 8 Could not be 28 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Tome MID 804766 6/27

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Daniel Rosenblum M.D.

31. DATE FILE (MOZT. 871994

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12 REPORTONING ONE WAR

10400 Connecticut Ave. Kensington, Md. 20895

REG. NO.

FOR STATE REGISTRAR

executed wit HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

1. DECEDENT'S NAME (First, Middle, Last) JEAN EILEEN BURK 2. DATE OF DEATH 3. TIME OF DEATH JEAN BURK 24, JUNE 1994 12:10 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS MIN 1 M 2 X F 57 175-30-0871 1-2-1937 PENNSYLVANIA the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY PENNSYLVANIA SOMERSET BERLIN 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? R.D. 1 15530 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 NO If yes, specify Cuben, Mexican, Puerto Rican, stc.) 1 Never Married 2X Married 1 YES 2 NO Specify: В 3 Widowed 4 Divorced WHITE use as t COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ó Elementary/Secondary (0-12) College (1-4 or 5+) be detached OWNER/OPERATOR SPORTING GOODS STORE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EARL BOYER notified at BESSIE BE MARTZ 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 CHARLES BURK, BERLIN, PENNSYLVANIA pe 20s. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must funeral director, WILLS CEMETERY 4 Donation 5 Other (Specify) 6-28-1994 R.D.5 SOMERSET, PA15501 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STERLING ASHTON FUNERAL HOME, INC. M00550 Willys filled in by the fion. or removal. 736 EDMONDSON AVE., BALTIMORÉ, 21228 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haert fallure. List only one ceuse on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death cremation. other traumatic event, the disease or condition Brain tumor 2 months completely resulting in death) DUE TO (OR AS A CONSEQUENCE OF) and com phoma CERTIFICATION Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF): attending physician a if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten PART ii. Other algolificent conditions contributing to daeth but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY signed by the shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO been f. of PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Dept. 23 certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only State EXAMINER? 1 YES 2 NO OTHER Inpatient 2 - ER/Outpetient 3 - DOA 6 the 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with to 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 1 YES DIRECTOR: After the hours after death vitem 28 is mark BY 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 M (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9730 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ĉ. Morsha mD Tower Johns 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Mear) JUN 2 8 1994 in Shudson Reveall DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020

FOR STATE REGIST

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DIRECTOR

FUNERAL

BY

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BE

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PHYSICIAN: MEDICAL CERTIFICATION

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funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should urs after death. Page 6 may be retained by the hospital or attending physician. 育 notified å must examiner this certificate has been signed by the attending physician and completely filled in by the i with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. medical the within event, law requires that the death certificate be executed traumatic other 50 item 23 shows any injury, The OR ATTENDING PHYSICIAN: 6 28 is marked, DIRECTOR: After this c hours after death with If Item FUNERAL (HOSPITAL IMPORTANT: 포포를 299

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RAR		STATE OF I		DEPAR					MENTAL HYGIEN	E			
s name (First, ton E_{\bullet}).					-				2. DATE OF DEATH MONTH DATE 23,	Ĭ994	YEAR	3. TIME OF 8:10	
4 42 15		5. SEX 1	6. AGE (In yrs. les	YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Moreth, Day, Your) MAY 19	34	Count	th Ca	
A Medi	cal Ce	nter					IMO		EATH	9c. COU	INTY OF D		
AND	10b. COUNTY 10c. CIT			ALTIMORE						10d. INSIDE	37		
W. BI	ELVED	ERE AVE	APT	1005		10	I. ZIP CODI		215			F A.	RY?
TATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES								E — America k, White, etc.	CHILI				

A SOCIAL SE 2.4 rolina So. FACILITY I V RESIDENC 10a, STATE MARYLA NO 10e. STREET 3800 11. MARITAL S nelbe 1 Never Me 3 Widowed BLACK16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY College (1-4 or 5+) 8ТН CONSTRUCTION WORKER CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LADELL BARNES BERTHA SHERARD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALTO., MD. 21229 MISS ALENTHIA BARNES 4879 MELBOURNE ROAD 20b. PLACE AND DATE OF DISPOSITION (Name of 6/30/9 HATE 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Re 20c. LOCATION - City or Town, State OWINGS MILLS, MD. GARRISON FOREST VET CEM Donation 5 Other (Specify) GWYNN LEWIS AND APORESS OF FACHIN FUNERAL HOME 21215 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEWIS Lewes 4517 PARK HEIGHTS AVE. BALTO., MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. interval Betwe Onset and Death **IMMEDIATE CAUSE (Finei** Multiorgan system failure
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sepsis Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Hypotension
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Lung infection COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 4 | Nursi 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29s. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and 2

296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	P 6/24/49
39/HAM AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typg, Print)	(d) Center	7 7 7
31. DATE FILED (MONT) DE 1994 32. REGISTRAR'S SIGNATURE 31. DATE FILED (MONT) DE 1994		

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit. Pages 1, 2, 3 should completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. Once. notified at pe must examiner hours after death. medical ŏ the cremation, other traumatic event, requires that the death certificate be executed within and com o burial, Hygiene prior to been signed by the attending physician at the other to the other of th 6 shows any TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is

PHYSICIAN: MEDICAL

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COMPL

BE 2 3 Suicide

4 Homicide

296. SIGNATURE AND TITLE OF CERTIFIER

18734 94 ITEM: 1. PER F.H. FILM G-712 6/28/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12:58 AMM JAMES ARTHUR COOPER 06 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fornic 2-1 1 1 2 | F DAYS HOURS 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SAMARETAN DIRECTOR DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY 1 YES 2 HO FUNERAL 10e STREET AND HUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho-123 U. 5.17 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 2 Married 1 Never Married If yes, specify Cubin, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIHD OF BUSINESS/INDUSTRY (0-12) College (1-4 or 5 +) 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S HAME (First Middle Maiden Sur BE 19a. INFORMANT'S NAME (Type/Print) 2 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION - City or Town, State Burial 2 Cremetion 3 Ram ation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART J. Enter the dise implications that caused the death. Do not enter the mode of dying, such as cardiac or respir shock, or heart failure. List only one cause on each line. Intervsi Between Onset and Death **IMMEDIATE CAUSE (Final** ENCEPHAZOPATHY diseese or condition_ ANOXIC 54hrs resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CARDIC CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate

MYO WEDIAZ cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 | YES 2 | 160 1 Definpatient 2 - ER/Outpatient 3 -DOA 4 Nursing Home 5 Residence 6 Other (Specify)

27. MANHER OF DEATH 26c. IHJURY AT WORK? 26s, DATE OF IHJURY 28b. TIME OF 1 Natural 1 YES 2 NO 2 Accident

28d. DESCRIBE HOW IHJURY OCCURED 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

(Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as a

	++17)7	31137	77 1	
).	NAME AND ADDRESS O	OF PERSON WHO COMPLETED C	AUSE OF OFATH (ITEM 27) (7/10)	Print

29c. LH	CENSE	NUMBE	R
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	/ 13	<u> </u>	

29d. DATE	SIGNED	(Month.	Day,	Year)	
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. 00	10	7-1		17	V

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

601 COCH RAVEN BUD, BAR

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	EPARTMENT OF I		ENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) DOTOTHRAN	1	Comer	, 2	DATE OF DEATH MONTH DAY	YEAR 9 6 PM
ī		4. SOCIAL SECURITY NUMBER 2.16 - 34-3346	5. SEX 6. AGE (In yrs. lest birt		IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 9 - 22 - 3	8. BIRTHPLACE (State or Foreign Country)
3 should	N.	9a. FACILITY NAME (If not institution, give str	+Soa C+	9b. CITY, TOWN	OR LOCATION OF DEAT	1	COUNTY OF DEATH
ages 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		oc. CITY, TOWN OR LOCA	TION		10d. INSIDE CITY
permit. Pages 1,	ERAL DI	10e. STREET AND NUMBER		10	1. ZIP CODE		CITIZEN OF WHAT COUNTRY?
physician. burial-transit	FUNE	229 S M 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO		2/2 CENDENT OF HISPANIC HOCITY Cuban, Maxican, F	ORIGIN? (Specify Yes or No	0- 14. RACE — American Indian, Black, White, atc.
	D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATES		2 (O Specify:		Black
by the hospital or attending be detached for use as the at once.	PLETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give k	ind of work done during mo	ost of working	16b. KIND OF BUSINES	5/INDUSTRY
by the hospit be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)	amen	any.	18. NOTHER'S NAME	(First, Middle, Meiden Surnal	com eso
be retained tige 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) GAI/BE//A	Coman 19b. M	Alling Address (Street of 229 C.	and Number or Rufal Roun	te Number, City or Town, State	
age 6 may be director, page er must be		20e. METHOD OF MISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. PLACEAND cemetry, cremato	DATE OF DISPOSITION (No.			N — City or Town, State
funeral funeral		21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE U. I.	22. NAME A	ND ADDRESS OF FACILI	ITY #	2/2/3 54
urs after in by the r remova			omplicatione thet caused the death.	. Do not enter the mo	ode of dylng, such e	os csrdiac or respirator	interval Between
completely filled ial, cremation, or event, the m		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Un restable Sque	vamous cell	Canan of	palat	Onset end Desth
e be executed visitian and cominion to burial, contraumatic evi	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUEN			/	J
ertificate be ing physiciar giene prior other trau	CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUEN	NCE OF):			•
death c attend ental Hy Iry, or		resulting in deeth) LAST					
se that the gned by the alth and M	MEDICAL	PART II. Other eignificant conditions	contributing to deeth but not reeu	Iting in the underlyin	g ceuse given in Pa	rt i. 24a, WAS AN AUTO PERFORMED? 1 YES 2 N	AWAILABLE PRIOR TO
law required as been significant of He 23 shown	N: ME		ONTRIBUTE TO CAUSE	OF DEATH Y	ES X NO [1 TES 2 NO
CIAN: The prificate has been or item	PHYSICIAN:	1 TYES 2 NO	HOSPITAL:	OTHER:	ne 5 Realdence 6		
NG PHYSIR fler this ce eath with t marked,	ву Рн	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1	YES 2 NO	Bd. DESCRIBE HOW INJURY	OCCURED
RECTOR: A urs after do m 28 is	ETED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At home, building, atc. (Specify)	farm, street, factory, offic	28	Bt. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNEPAL DIRECTOR. After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Ifem 28 is marked, or Item 23 shows any is	COMPLET		IAN: To the best of my knowledge, death of the basis of examination and/or invest				
THE HO THE FU THE FU MPORTA	BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBE		DATE SIGNED (Month, Day, Year)
	T0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27)	Balkonn	MD	<u> </u>	
		JUN 2 8 1994	Julia Davidson Abordal	2			
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DIVISION OF VITAL RECORDS, P.O. BOX

oital or attending physician.	d for use as the burial-transit permit. Pages 1, 2, 3 shou		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within = frouns after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		~		2. DATE OF DEATH		. TIME OF DEATH	
	Lelin	(-Ain		MONTH DAY	YEAR 94		м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPL	ACE (State or Foreign	,
	117-07-8045	1 2 M 2 AF 8	YRS. MON	ITHE DAYS HOURS MIN.	(Month, Day, Year)	5 Country	di	
	9a. FACILITY NAME (If not institution, give str	reet and number)	9b.	CITY, TOWN OR LOCATION OF DE		COUNTY OF DEA	тн	\neg
1 8	1009 N. CASTI	le 5+		Q A/+11	, , ,			
DIRECTOR	RESIDENCE OF DECEDENT			51110				
	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		1	0d. INSIDE CITY LIMITS?	- 1
	10e. STREET AND NUMBER			134170.		1	YES 2 NO	_
HA	100. STREET AND NUMBER	TIL OF	-	10f. ZIP CODE	101	CITIZEN OF WH	AT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		3400.	>	41.	5	_
	1 Never Married 2 Married	FORCES? 1 YES	2 300	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxican	n, Puarto Rican, etc.)	0- 14. RACE - Black, 1	- American Indian, White, etc.	Į
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 YES 2 NO Specify	r:	Sp23/	Ack	
0	15. DECEDENT'S EDUC	ATION	18s. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSINES	SS/INDUSTRY		\dashv
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	done during most of working fred.)				- 1
귤			416	or	1			- 1
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maiden Surne	nme)		\neg
BE	JAMES CK	Oc. Kett		12/17	4 White			
10 8	19a. INFORMANT'S NAME (Type/Print)	, , ,	19b. MAILING ADD	DRESS (Street and Number or Rural F	Route Number, City or Town, Ste	ate, Zip Code)		
F	Annabell O	Chier	940,	N. CASTIES	t. BAHO	. md. i	21205	_ [
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ramo		PLACE AND DATE OF DI		20c. LOCATH	ON - Cify or Town	n, Stata	
	4 Donation 5 Other (Specify)		111. 20	un Ceme	1994 BA	10, M	1/-	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS OF FAC	CILITY	212	13 51	1
	Valuer	RITTS		Rotte Fill	sex# Her	10 1/20	Nounl	
	23. PART i. Enter the diseases, or co	omplications that caused	I the death. Do not e	entar the mode of dying, auci	n as cardiac or respirato	ry arrest,	Approximata	999
	ahock, or heart failure. L	Liat Dnly Dna causa Dn ea	ach iina.				Onset and Da	
	disease or condition resulting in death)	Hungela	e Slin				3.0.	
	resolding in death) / a	DUE TO (OR AS A	n 5 lun Consequence of):				Juges !	-
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	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR AS A	conscionation of j.				1	
CAT		o						
TIFICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	o	CONSEQUENCE OF):					
ERTIFICAT	if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury	o						
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	ne underlying cause givan In			PERE AUTOPSY FINDING	IGS
¥	if any, isading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ne underlying cause givan in	PERFORMED	? A	MAILABLE PRIOR TO OMPLETION OF CAUSE	
¥	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Cartination Car	DUE TO (OR AS A	consequence of): ut not resulting in the	ne underlying cause givan in		? A	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—rhours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	RTIFIC	ATE O	DEATH	R	EG. NO.		
8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF E			3. TIME OF DEATH
	Daniel J. Corcor	an					June :	23. 10	YEAR	9:00 P. M
- 8	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last b	irthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF B	HRTH		IPLACE (State or Foreign
Į.	220-30-6783	1 😭 M 2 🗆 F	60		NTHS DAYS		(Month, Day	y, Year)	Count	ny)
	9e. FACILITY NAME (If not institution, give str	4.2	00				Sept.		933 Mar	
ا ي						OR LOCATION OF DE	EATH	1	COUNTY OF	
DIRECTOR	8114 Quarterfield	ı Ka.		S	evern			A	nne Ar	undel
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
2					OWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
		Arundel		Seve	rn					1 TES 2 X NO
۷	10e. STREET AND NUMBER					of. ZIP CODE	-	10	g. CITIZEN OF 1	WHAT COUNTRY?
6	8114 Quarterfield	Rd.				21144		U	nited	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS D	ECENDENT OF HISPAN	VIC ORIGIN? (S	pecify Yes or I	No.— 14. RAC	E — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 []				specify Cuben, Mexice S 2 🔯 NO Specif		i, etc.)	Spec	k, White, etc.
B	3 Widowed 4 Divorced					or Marie	,		3,000	White
ᇜᅵ	15. DECEDENT'S EDUC	ATION			UAL OCCUPA		16b, KIN	D OF BUSINE	SS/INDUSTRY	,,,,,,
	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work o NOT use re	(done during i klired.)	nost of working				
4	10	Conege (I-4 or 3 +)	0ile	r (Ma	chini	st)	Brev	wery		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			 :-		18. MOTHER'S NA	1		lama)	
	John Corcoran						abeth :		,	
8	19e. INFORMANT'S NAME (Type/Print)								4	
၉	Patricia E. Corco	ran	19b. I	MAILING AD	DRESS (Stree	end Number or Rural	Route Number, C	ity or Town, St	ete, Zip Code)	21144
		ı alı	191	ı⊹ı Qü	arter:	field Rd.	, seve	rn, Ma	ryrand	21144
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo	val from State	20b. PLACE AN cemetery, crema			Name of	DATE	20c. LOCATI	ON — City or To	own, State
	4 Donation 5 Other (Specify)		Glen H	laven	Mem.	Pk. 6-27-	.94	G1er	n Burni	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENDEE ,			22. NAME	AND AODRESS OF FA	CILITY			
		211	0			ley-Ruddi				
_	1001 1001									e, MD 21061
	23. PART I. Enter the diseasea, or constant shock, or haart fallure. I	omplications that ca list only one cause	used tha deat on each line.	h. Do not	entar the n	node of dying, auc	h as cardiac	or respirato	ery arrest,	Approximata interval Batween
- 1	IMMEDIATE CAUSE (Final	00								Onset and Death
- 1	disease or condition resulting in death)	(000	n (/a	nce	L					12/ gr.
	resoluting in country	DUE TO (OR	AS A CONSEOU	ENCE OF):						1
z I										
ੁ	Sequantially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEOU	ENCE OF):						
ξl	cause. Entar UNDERLYING									
ᇤ	CAUSE (Disease or Injury that initiated avents	DUE TO (OR	AS A CONSEOU	ENCE OF:					_	
틽	resulting in death) LAST	NA-5-12		rate and the						
CERTIFICATION										
	PART ii. Other aignificant conditions	contributing to das	th but not res	ulting in t	he underly	ng causa given in	Part i. 24a	. WAS AN AUT		. WERE AUTOPSY FINDINGS
DICAL	Small.	Bowl a	DOTTIN					PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			- 11/1	10110	-		— ¹º	YES 2 X	NO	OF DEATH?
ME	DID TORACCO HEE C	CALIFORNIES	0 01110		P. T.	VEA	_		1	1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE C	ONIKIBUIE T	CAUSE	OF D						
ਹੇ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. THER:	PLACE OF DEATH (Ch	eck only one)			
Z	1 □ YES 2 図 NO	1 Inpatient 2 I ER	/Outpatient 3			me 5 Nesidence	8 C Other (Sp.	ecify)		
표	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Y		28b. TIME O	F 28c, I	JURY AT	28d. DESCRIE	BE HOW INJUI	RY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home	, term, atre	et, factory, of	ice			Number or Rural	Route Number,
	4 Homicide determined	building, etc.	(эреспу)				City or To	wn, State)		
<u> </u>	29e. CERTIFIER									
A P	(Check only one)									
COMPLETED	Z MEDICAL EXAMINER	G: On the besis ot exami	nation end/or inv	estigation, i	n my opinion.	death occured at the	time, date end	place, end du	e to the ceuse(i	s) end menner es stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	11				29c. LICENSE NUI	MBER	29	d. DATE SIGNED	(Month, Day, Year)
BE	1	14-		MI) .	D20431				24, 1994
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM :	27) (Type. Pri	nt)	1 220131			oune	4-1, T224
						309 01	o Descript	3.5		21.063
	Long S. Hsu, M.D	22 DECISION DED	CICALATURE			SUB, GIG	ı Burnı	le, Ma	ryland	21061
	31. DATE FILED (MONTH POY, YEAR) 199	32. REGISTRAR'S	SIGNATURE	0	-					
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OF ATTENDING PRYSICIAN: The law requires that the death certificate be executed within
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or fembral.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD ATE OF DE		ENTAL HYGIENE REG. NO.		
1. DECEOENT'S NAME (First, Middle, LAURA	COTTON	5			2. DATE OF DEATH MONTH DAY	YEAR 1994	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 220-05-8506	1 🗆 M 2 🛣 F		UNDER I YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) 3/14/15		N.C.
So. FACILITY NAME (If not institution, UNION MEMORI RESIDENCE OF DECEDER	AL HOSPITAL	96	BALTIMOR		TH 9	c. COUNTY OF C	PEATN
)	OUNTY		OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2440 GULFORD 11. MARITAL STATUS	AVE.		101. ZIP 0	218	10	U.S.A.	WHAT COUNTRY?
3 🖔 Widowed 4 🗆 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO		luban, Maxican,	ORIGIN? (Specify Yes or Puerto Rican, atc.)	No- 14. RAC Blac AFR	E — American Indian, k, Whita, atc.
15. OECEDENT' (Specify only highes Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, La	S EOUCATION I grade completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re RETIR	done during most of w Bired.)	orking	FOLDER 1		NC
BAT WATSON	si)	KETIK	16. 8		E (First, Middle, Maiden Sun		NG .
19e. INFORMANT'S NAME (Type/Print ANNETTE GARRIS	SON	2440-GU	LFORD AVE		ute Number, City or Town, S	218	
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 4 Denation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV	Removal from State	petery cremetory of their NATIONAL			24/94 LAUI	REL MD	own, State
Megen	Il Jel		ESTEP BI	ROTHERS LAW PLA	FUNERAL H	MD 2121	.7
shock, or heart to		A CONSEQUENCE OF):				ory arrest,	Approximate interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):	thrifus				20 ys.
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PROPRIED? AND ARE EXPLORED.						
DID TOBACCO US 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA 4	THER: Nursing Nome 5				
2 Accident Investig	ation 28s. PLACE OF INJURY	28b. TIME O INJURY	M 1 YES	2 🗌 NO	28d. DESCRIBE HOW INJU		Pourte Alumber
4 Homicide datarmi	building, atc. (Spe	cify)			City or Town, State)		rode Humber,
	PHYSICIAN: To the best of my know AMINER: On the bests of examination		in my opinion, death o	ccured at the ti	me, date and place, and d	us to the cause(
30. NAME AND ADDRESS OF PERS	nut M	EATN (ITEM 27) (Type, Pri	AL	14176	435Am2637	July July	20, Month, Day, Year) 20, 199U
USULA M 31. DATE FILED (Month, Day, Year)	CCLUMNT 32. REGISTRAR'S SIGN	UNION	n Me	movie	el Hosp	n bel	
JUN 2 8 19	394 Julia David	son-Andell	-				



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BALTIMORE, MARYLAND 21215-0020
The death. Page if may be retained by the hospital or attending physician.
The turners directlor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be seconded within 24 months after them. Page if may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND C	DEPAI	RTMENT OF	F HE	ALTH A	ND M	ENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
1 8	IREME COO	60-4						1	MONTH 23		YEAR	11:50 PM
1	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. la	st birthday)		-	IF UNDER 24		7. DATE OF BIRTH (Month, Day, Year)		Country	PLACE (State or Foreign
	217090067	1 M 2 D	81	YRS.	MONTHS D	WW P	tours	MIN.	4-13-	13	MOR	TH CAROLINA
-	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TO					9c. COUN		1
P	BON SECONAR	5 H25p	ITAC		(BA	117	n	CRE		CI	TY
DIRECTOR	10a. STATE 10b. COUNTY			10c. CI	TY, TOWN OR L	OCATIO	N				Т	10d, INSIDE CITY
=	Maryland				Balti	.mo	re					LIMITS?
A	10e. STREET AND NUMBER					10f. Z	IP CODE			10g. CITIZ		HAT COUNTRY?
FUNERAL	1204 Eutaw Pla	ace					212	217			US	SA
2	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS	DECEN	DENT OF	HISPANIC	ORIGIN? (Specify Ver Puerto Rican, etc.)	or No-	14. RACE	- American Indian, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 XDivorced	IF YES, GIVE WA					X NO		Puerto Hican, etc.)		Specif	v.
60	15. DECEDENT'S EDUC	ATION	16. D	CEDENTIC	USUAL OCCU				1 2 2 2 2 2	l		Black
	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(0	live kind of a Do NOT u	work done durin	g most	of working		16b. KIND OF BUS	SINESS/INDU	ISTRY	
7	6th	College (1-4 or 5+)		Hous	sewife	2				N/	Д	
COMPLET	17. FATHER'S NAME (First, Middle, Last)					1	8. MOTHE	R'S NAME	E (First, Middle, Maiden			
ш	Enoch Lawson						Ger	neva	ı			
0 8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	eet and	Number or	Rural Ro	ute Number, City or Tow	n, State, Zip	Code)	
-	Grace Pittman	1,21,21	4	509	Dunla	ind	Roa	ad	Baltimo	re,	MD	21229
	20a. METHOD OF DISPOSITION TO Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE cemetery, cri	AND DATE	OF DISPOSITIO	N (Name	of		DATE 20c. LO	CATION - C	ity or Tov	vn, State
	4 Donation 5 Other (Specify)		West	ern	Star	Ce	mete	ery	6/29 Ca	tons	vil	le, MD
	20101	7 1		1	Lei	OY	O.	Dye	ett & So	n Fu	nera	al Home
\vdash	Nouy	U.N	uex	1	460	00	Libe	erty	/ Height	s Av	enue	
	23. PART I Enter the diseases or co shock, or heart faffere. L	omplications that a ist only one cause	caused the de	eath. Do	not enter the	mode	of dying	, such	ss cerdisc or respi	ratory srre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		O,									Onset and Death
	resulting in death)	OUE TO (C	P 115									120
- 1		DUE TO (C	MAS A CONSE	OUENCE O	ም : 2		. /	1 /				
0	Sequentially list conditions,	DUE TO (C	R AS A CONSE	OUENCE O	FI:	1	in Ch	ec h	0 4			
§	cause. Enter UNDERLYING											į į
Ē	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSE	OUENCE O	F):							
CERTIFICATION	resulting in death) LAST											
2	PART II. Other significent conditions	contributing to d	eeth but not i	resulting	In the under	vina c	euse giv	en in Pr	art i. 24a WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
\2	Derubites u	1/rune	Bul	love	R-	m 0	61	014	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		7							1 YES 2	Ano		OF DEATH?
 									-			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	B. PLAC	E OF DEA	TH (Check	k only one)			
Si		HOSPITAL:	R/Outpetient 3	□ DOA	OTHER: 4 Nursing	Home	5 🗆 Rasio	lence 6	Other (Specify)			
됩	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,		28b. TIN	E OF 28c	INJUR'		2	ed. DESCRIBE HOW II	JURY OCCL	IRED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	1/		1/			2 🗆 🗈	10	2/02			
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF building, et	INJURY — At ho c. (Specify)	me, farm,	street, factory,	offica		2	61. LOCATION (Street e City or Town, State)	nd Number o	r Rural Ro	oute Number,
H			n	12						2/9		
교 교									the cause(s) and men			
COMPLETED	2 MEDICAL EXAMINER	On the basis of example :	mination end/or	Investigation	on, in my opinie	n, deat	h occured	at the tin	ne, data and place, an	d due to the	cause(a)	and menner as stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIER	1/				21	Pc. LICENS			29d. DATE	SIGNED (Month, Day, Year)
10	20 NAME AND ADDRESS	- Hear	4	in n			174	334	6	6	. 2	2.94
	30. NAME AND ADDRESS OF PERSON WHO		_				11	6	m 1-			
	416 ED. East 31. DATE FILED (Month, Day, Year)	32 REGISTRAR		N	nore		24	V	21224			
	JUN 2 8 1994		S SIGNATURE	حالهماء								
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Joseph Naji

31. DATE FILED (Month, Day, Year) JUN 2 8 1994

OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within and completely siter death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Page	be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 1994 <u>Frances Gertrude</u> Cook 26, 7:30A. June 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign DAYE March 21, 1931 1 - M 2 XF 217-26-1709 63 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 2608 Huntington Avenue Baltimore City N/A 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2608 Huntington 21211 Avenue U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TOO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubsn, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married В 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY Elamentery/Secondary (0-12) College (1-4 or 5+) 6 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Joseph Mues Hook Gertrude Miller BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste 9 Jean E. Hancock 648 Kingston Road, Baltimore, Maryland 21220 20s METHOD OF DISPOSITION
1 | Burial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Parkwood Cemetery 6/29 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home John G. Reitz 6500 York Rd. Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onaet and Daath dieease or condition ongest resulting in death) DUE TO (O AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE t - YES 2 X NO OF DEATH? 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only ona) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 XXO 1 Inpatient 2 ER/Outpatient 3 I DOA raing Noma 5 Residence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE NOW INJURY OCCURED 1 X Natural
2 Accident 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER (Check only 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MD.

32 REGISTRAN'S SIGNATURE
Junia Davidson-Randall

Haroun,

29c. LICENSE NUMBER

901 Eastern Blvd.Baltimore, Maryland

DHMH-t6 Rev 1/89

ally professional

and a sign of

He modAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the sith and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR WITE COLOR HE LAW requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hoss THE FUNETAL OFFICE After Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after the manual Hospital Hygiene prior to burial, cremation, or removal.

IMPORTANT IT ILEM 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

Norma

1. Decedent's Name (First, Middle, Last)

Norma

1. Decedent's Name (First, Middle, Last)

Norma

A SOCIAL SECURITY NUMBER 213-48-5513 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF D									2. DATE OF DEATH			3. TIME OF DEATH	
BOOL SCORMY NAMED S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or section S. SEC. A. ACE (P) yes to broken, or yes to yes yes to broken, or yes to broken, or yes to broken, or yes to broken, or yes to broken, or yes to broken, or yes to broken, or yes to broken, or yes to yes yes to broken, or yes to yes yes yes to broken, or yes to yes yes to broken, or yes yes yes to broken, or yes to yes yes yes yes yes yes yes yes yes yes	,	Norma E. Weems					erby				6 24 94 1			11:55 p M
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Doneston \$ Other (Spootly)		20a. METHOD OF DISPOSITE	ION	ovel from State					me of		DATE 20c. L	OCATION -	City or To	own, State
Ruck Towson Funeral Home Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that Tawsed the death. Do not enter the mode of dying, such accerdance or respiratory errest, interval Bet Ones and I work of the Constant of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of the Constant of Interval Bet Ones and I work of Interval Bet Interv		4 Donation 5 Other	(Specify)				ark (eme				alti	more,	Md.
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 26. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. CERTIFIER (Check onl				Late Late V	CIUII	((O)IId)	<u> </u>	130	usc		1 □ YES	2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2	-			ONTRIBUTE	TO CAL	ISE OF	DEAT	TH Y	ES 🖂	NO				1 YES 2 NO
Accident solution investigation investigation solutions and solutions are stated. 26. PLACE OF INJURY — At home, farm, street, factory, office and Number or Rural Route Number, City or Town, State) 28. PLACE OF INJURY — At home, farm, street, factory, office and Number or Rural Route Number, City or Town, State) 28. PLACE OF INJURY — At home, farm, street, factory, office and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERSIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar) 29d. DATE SIGNED, (Month, Day, Ibar)	× I	25. WAS CASE REFERRED TO			- 10 0/10	701 01	02/1							
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3 Sulcida Could not be detarmined 286. PLACE OF INJURY — At homa, farm, straet, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. CERTIFIER Chack only one) CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERRIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Color of the cause of place of pl							М			NO				
29a. CERTIFIER (Chock only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERREPIER 29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964) 29d. DATE SIGNED, (Month, Dey. 1964)				28e. PLACE (building	OF INJURY — At I	homa, farm,	atraet, fac	tory, offic	•		261. LOCATION (Street City or Town, State	and Number	or or Rural F	Route Number,
296. SIGNATURE AND TITLE OF CERREFIER 296. LICENSE NUMBER DOF 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr Gracito Patricio 7620 York RD Towson, MD 21204	E .		oatariiiiieo											
296. SIGNATURE AND TITLE OF CERREFIER 296. LICENSE NUMBER DOF 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr Gracito Patricio 7620 York RD Towson, MD 21204	AP.	(Check only												
296. SIGNATURE AND TITLE OF CERREFIER 296. LICENSE NUMBER DOF 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr Gracito Patricio 7620 York RD Towson, MD 21204	8	2 MEDI			examination and/o	r Investigati	on, in my e	opinion, d	eath occur	red at the	time, data and place, a	ind due to !	the cause(s	a) and manner as stated.
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr Gracito Patricio 7620 York RD Towson, MD 21204		296. SIGNATURE AND TITLE	OF CERNAFIER	>		20			29c. LICE	ENSE NUM	IBER	29d. DA	TE SIGNED	(Month, Day, Year)
Dr Gracito Patricio 7620 York RD Towson, MD 21204		30. NAME AND ADDRESS OF	F PERSON WILL			4.	Qui-el		D (08	218.		6/	27194.
31. DATE FILEDY WAY, CON THOSE SIGNATURE Julia Develor Randall		Dr Gracit	o Pat	ricio	7620	Yorl	RD	То	wson	1, M	D 21204		,	
		31. DATE FILE UN 28	1994	Jalia d	AR'S SIGNATURE	rdall								

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CERT	IFICATE (OF DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ARNOLD K.	Day			2. DATE OF MONTH	DEATH DAY	QVEAT 3. TIME	OF DEATH TO M	
	720-03-41de4 1 XM20 F 7	GE (In yrs. last birtho	MONTHS D	EAR IF UNDER 24 HRS. AYB HOURS MIN.	(Month, De	7. DATE OF BIRTH (Month, Day, Year) Nov 25, 1921 Oneson			
TOR	9a. FACILITY NAME (If not institution, give street and number) ANNE ARUNGEL MEDICAL C RESIDENCE OF DECEDENT	Enter	ANNA	PO 113	DEATH		NTY OF DEATH	del	
DIRECTOR	10a. STATE 10b. COUNTY		CITY, TOWN OR I				10d. INS	SIDE CITY	
IL D	Md AACO 100. STREET AND NUMBER	A	nnapoli	S 101, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	169 Williams Drive			21401		USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 November	ES 2 NO	If yo	B DECENDENT OF HISPA a, specify Cuben, Mexic YES 2 NO Speci	an, Puerto Rica		14. RACE — Amer Black, White, a Specify: White	atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN (Give kind	IT'S USUAL OCCU of work done during of use retired.)	PATION ng most of working	16b. KIN	ID OF BUSINESS/IND	DUSTRY		
IPLE	Elementary/Secondary (0-12) College (1-4 or 5 +) 2	Army			М	ilitary			
CO	17. FATHER'S NAME (First, Middle, Last)					le, Maiden Surname)			
8	Arnold Daue	195. MAII	ING ADDRESS (S	Arlene		Worth	Cortol		
2	Audrey Daue			s Dr; Annap			Codey		
	1 Seurial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	206. PLACE AND DA	n Natio	nal 6/	30/94		Arlington, Va		
	21. SIGNATURE OF FINERAL SERVICE LICENSEE Thomas Hader	4		Ridgley ADDRESS OF FA		apolis,Mo	1.21401		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between Disease or condition resulting in death) a. Malanath Non Hodgkins Lymphoma 3monto								
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FR								
PHYSICIAN: MEDICAL			-	PERFORMED?	OF DEAT	LE PRIOR TO TION OF CAUSE 147 IS 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			16. PLACE OF DEATH (C	heck only one)				
YSIC	EXAMINER? 1 YES 2 NO NO Inpetient 2 ER/O	Outpatient 3 🗆 DO	OTHER:	Home 6 - Residence	6 Other (Sp	pecify)			
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DE\$CRIBE HOW INJURY OCCURED								
	3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my kn							nner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CONTINENT 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Year) 16354 16354 16354								
	EW COLE GOOB	BESTGA	TE	ANNAH	no Mo	1 2140	7		
	JUN 2 8 1994 Julia Dunia	IGNATURE BOOK	Š.						



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

	REGISTRAN	CERTIFICATE OF	DEAIR	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) ACE IC DUNCAN 2. DATE OF DEATH MONTH CO - 18 - 94 930									
	218-22-BA 10 M2 FF 80	yrs. lest birthday) YRS. F UNDER 1 YEAR MONTHS DAYS		TE OF BIRTH onth, Day, Year) 7-/3-/3	BIRTHPLACE (State or Foreign Country) VIRGINIA					
TOR	9a. FACILITY NAME (If not institution, give street and number) ING GERBEN N RESIDENCE OF DECEDENT	W 9b. CITY, TOWNY C	THINORS	9c. COUN	TY OF DEATH					
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT	Imolo		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER BEIVEDERS F	IVE	212 CODE	15 10g. CITIZ	ZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT	2 NO If yes, spi	ENDENT OF HISPANIC ORI lectly Cuben, Mexican, Puer 2 X NO Specify:	GIN? (Specify Yes or No— to Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:					
PLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) 1 2	16e. DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mo- life. Do NOT use retired.)		16b. KIND OF BUSINESS/INDI	USTRY					
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) THORTON DUNCAN	direitowii	unknown 18. MOTHER'S NAME (First, Middle, Melden Surre EVELYN J. STOKE							
10	190. INFORMANT'S NAME (Type/Print) CARLA CUNNINGHAM	19b. MAILING ADDRESS (Street a 2032 WHEELER			Code)					
/	1 X Buriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	PLACE AND DATE OF DISPOSITION (NA Nerv. cremetory of other disce) CSTERN STAR CEM.	6/23/9	4 BALTO. N						
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 23. PART 1. Enter the diseases, or complications that coused	ESTEF 1300	EUTAW PLACE	FUNERAL HOME E BALTO, MD	21217					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):	lder							
MEDICAL	PART II. Other algnificent conditions contributing to death but the state of the st	it not resulting in the underlying	cause given in Part i.	24e, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpetient 2 ER/Outpet	OTHER:	ACE OF DEATH (Check only							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF 28c. INJ		DESCRIBE HOW INJURY OCC	URED					
ETED 6	3 Suicide 4 Homicide B Could not be determined City or Town, Stele) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)									
TO BE COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examination									
TO BE C	296. SIGNATURE AND TITLED CENTRUM (4)	9	25c. LICENSE MUMBER	29d. DATE	SIGNED (Morth, Day, Year)					
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	>> Keisterstow	n Rd #	365						
	31. DATE FINE NOTE CON 1994 32 FREGISTRATS, SIGNA JUNE DEVILOR	- Rondoll								

23 PART I, 27, PER MEO FILM G-713 7/8/94 t.t.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR			CATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) CLARENCE		D	INKINS		2. DATE OF	DEATH 2 2 2 2 2 2 2 2 2 2 2 2	1994 ^{ve}	AR 3	TIME OF DEATH	
	SEX 6. AGE	(In yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				ACE (State or Foreig	M
247 96 8545					(Month, 6	Day, Year)		country)		"
9a. FACILITY NAME (If not institution, give street	H T	2	9b. CITY, TOWH	OR LOCATION OF DE		1	9c. COUNTY	S,(_
UNIVERSITY HOSP	PITAL E.R		Balt	imore C	ity.					
10a, STATE 10b, COUNTY		10c. CITY	, TOWN OR LOCA	TION				10	Dd. INSIDE CITY	
MD.		В	ALTIMOR	E				1	YES 2 NO	,
10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?	
447 MANSE	CT.			21201			U	SA		
11. MARITAL STATUS	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2/ NO	II yes, sp	ecify Cuban, Mexica 2 NO Specifi	n, Puerto Ric			RACE - Black, V Specify: TR •	American Indian, White, atc.	Nī
15. DECEDENT'S EDUCATION		16a. DECEDENT'S U	USUAL OCCUPATION	ON	16b, K	IND OF BUSI	NESS/INDUST		AULKICA	.ч
(Specify only highest grade com Elementary/Secondary (0-12)	ollege (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working						
12		DRIV	ER		VIC	TOR S	ALES	30.		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
SAMUEL DI	NKINS	_		ANN	IE	DINK	INS			
9a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	and Number or Rural I	Route Number,	City or Town,	State, Zip Coo	le)		
ANNIE McCLO				. BALTO.			21201			
20a, METHOD OF DISPOSITION 1 # Burlal 2 Cremation 3 Ramoval		b. PLACE AND DATEO metery, crematory or oth	her place)		DATE		ATION — City			
1. SIONATURE OF FUNERAL SERVICE LICENS	EE /	MT. ZION		/94 ND ADDRESS OF FA	00.474	LANS	DOWNE	MI).	_
· Ticl (Colin	1	ES	TEP BROT	HERS I		L HOM			
Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):							
PART II. Other aignificent conditions of			DEATH 1	ES NC		4a. WAS AN A PERFORM YES 2	ED?	C	ERE AUTOPSY FINDI MAILABLE PRIOR TO OMPLETION OF CAU F DEATH?	
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: ,,		26. P	LACE OF DEATH (Ch	eck only one)					
1 N YES 2 NO 1 (7. MANNER OF DEATH	Inpetient 2 XER/Ou		4 - Nursing Hon	ne 5 Residence						_
Natural 5 Pending	(Month, Day, Year)	26b, TIME INJU	JRY W	URY AT ORK? YES 2 NO	26d. DESCI	RIBE HOW IN	JURY OCCUR	D		
2	28a. PLACE OF INJUR building, etc. (Sp.	Y — At home, ferm, st	treet, factory, offic		28f. LOCATION (Street and Number or Rural Route Numb City or Town, State)				te Number,	_
9a. CERTIFIER 1 CERTIFYING PHYSICIAN (Check one) 2 X MEDICAL EXAMINER: 0	N: To the best of my kno							use(a) a	nd manner as state	d.
96. MIGHANLIRE AND TITLE OF CERTIFIER	0 1	10		29c. LICENSE NUM	RSON		29d. DATE SI	GNED (A	fonth, Day, Year)	_
Lacon	one	W		0.C.	M.E.		▶ JUN	E :	24 1994	
THE AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF D		-1 1	t, Balt	imore	. Ma				
JUN 2 8 1994	July Davids	NATURA MANGARE	20100	J Dare		, 110	<u>. , . ui</u>	· CA	LEVI	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

Jan 21 / 1

4. SOCIAL SE TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Veath of the death. Page 6 may be retained by the hospital or attending physician.

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1

FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)		·		2. DATE OF DEATH		3. TIME OF DEATH
TADI	Sodze	For	1		DAY YEAR	
4. SOCIAL SECURITY NUMBER	5, SEX 6, AGE		WANGS	6-0	3 - 74	M
OPT 2 2 1211		/ AS MONT	HE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		TTHPLACE (State or Foreign unitry)
075-32-1726	1 M 2 DF	63 YRS.		10-23-		S. C.
9a. FACILITY NAME (If not institution, give str	reet and number)	9b. (CITY, TOWN OR LOCATION OF		9c. COUNTY OF	DEATH
3923 (98.55	Mmount:	Auc.	Rayto			
RESIDENCE OF DECEDENT	" ITTOUN	1100	SHUID			
10a. STATE / 10b. COUNTY		10c, CITY, TOY	N OR LOCATION			10d, INSIDE CITY
ma		Rn	190000			LIMITS?
1.70-		DI	CIFMERE	=		1 YES 2 NO
100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
3923 CIRE	ENMOUN	1 11/5	2/	218	11	.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER II	NIIS ARMED	13. WAS DECENDENT OF HISP	ANIC ODICINO (Secolar)	to on No. I so De	ACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Maxis	can, Puarto Rican, etc.)	BI	ack, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 NO Spec	elfy:	Sp	pocity:
						MACE
15. DECEDENT'S EOUC (Specify only highest grade	ATION completed)	16a, DECEDENT'S USUA (Give kind of work do	one during most of working	166. KIND OF B	USINESS/INDUSTRY	!
Elementary/Secondar (0-12)	College (1-4 or 5+)	life. Do NOT use retire	id.)		-	
12:00	1-2-9.	CATETERS	a Alacked	ROUTO	CETI.	Whice School
17. FATHER'S NAME (First, Middle, Last)		1016	40 440745010	3 20	- /	CATIC THEE
170-11-1	77		18. MOTHER'S N	AME (First, Middle, Malde	on Surname)	
PRINCE	100108		0/1.	34 96	ATHE	FR5
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number of Rura	I Route Number, City or To	own, State, Zip Code)	
MATRICIA !	10RSE11	1512	STALLELIM	1 pd-R	17	21220
200. WETHOD OF DISPOSITION	Crescy	70/5	1014ENUU	NO ZO	00/05/	111 21251
1 W Burlet 2 Cremetion 3 Remo		 PLACE AND DATE OF DIS netspy, crematory or other plant 		OATE 20c. L	OCATION - City or	Town, State
4 Donation 5 Other (Specify)		TR DUNG	MEMACIA	1/2/	Phihls	Md
21. SIGNATURE DE FUNERAL SERVICE LIC	ENSEE /		22. NAME AND ADDRESS OF F	ACILITY BET	15 74 in	14041 2hus
84	1	1	. /	, ~~~	- /-//	aca more
" unullar o	romai	ue)	1129 N. CA	COLENA .	57- 12A	To mel.
23 FART I. Enter the diseases, or c	omplications that cause	the death. Do not en	iter the mode of dving, au	ch as cardiec or res	piratory errest	Approximate
ehock, or heart fallure. I	.ist only ona cause on e	ach lina.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		prices,	Interval Between
IMMEDIATE CAUSE (Finel			_			Onset and Death
diseese or condition resulting in desth)	Conce	ative Llo	aut Fre Ou	450		3 1000
	DUE TO (OF AS	consequence of:				ا در ا
	Clark	24.2	0 Fair	2		3100
Sequentially list conditions,	DUE TO (OR AS	CONSEQUENCE OF:	iac au	sure		> years
If any, leading to immediate cause. Enter UNDERLYING	0 10 (011 23 7	CONSEQUENCE OF):	4-	0		
CAUSE (Disease or Injury	Jever	e and	stage eur	de semo	_	3 years
that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):	0			
resulting in deeth) LAST						_ ! ' [
PART II. Other eignificant conditions	contributing to deeth b	ut not resulting in the	undarlying causa given is	n Part I. 24s. WAS A	IN AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
•					ORMED?	AVAILABLE PRIOR TO
				1 TYES	2 NO	OMPLETION OF CAUSE OF DEATH?
						1 TYES 2 NO
DID TOBACCO USE C	ONTRIBUTE TO	CALISE OF DE	ATH YES I N			
25. WAS CASE REFERRED TO MEDICAL	CHINIDOIL IO	CAUGE OF DE	26. PLACE OF DEATH (C			
EXAMINER?	HOSPITAL:	ОТН	TER:	rioux unity units)		
1 TES 2 NO	1 Inpetient 2 I ER/Outp		Nursing Home 5 - Residence	8 Other (Specify)		
27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT	28d. OESCRIBE HOW	INJURY OCCURED	
1 Netural 5 Pending	(month, cay, rear)	INJURY	WORK?			
2 Accident Investigation	280 DI ACE OF IN HID	As have desired				
3 Suicide 8 Could not be 4 Homicide determined	building, alc. (Spec	— At home, larm, street,	factory, office	28f. LOCATION (Stree City or Town, Stat	et and Number or Run le)	il Route Number,
- nomicios determinad						
29a. CERTIFIER 1 CERTIFYING PHYSIC	SAN: To the heat of our known	ledge death occurred at the	he Jime, data and place, and du	is to the		
(Check only one) 2 MEDICAL EXAMINES						
O A	C Of the basis of examinatio	m and/or investigation, in r	ny opinion, death occured at th	e time, data and placa,	and due to the caus	e(a) and manner as stated,
296. SIGNATURE AND TITLE OF CENTIFIER	1 11 1	\wedge	29c. LICENSE N	MAER	294 DATE SIGN	ED (Month, Day, Year)
1/8/11	1 /VW		1 1 0 -		▶ 27	
()-1-00			V22	277	」・んて、	June 14
38. RAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)				
/						
31. DATE FILEDY MONTH, Pey, Year)	32. REGISTRAR'S SIGN	ATURE				
31. DATE FILE JUN 2 8 1994	guile David	man Alanda M				1
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ding physician. s the bunial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / D CEF	EPARTME RTIFICA	NT OF H	EALTH AND I		HYGIENE REG. NO.				
200	DECEDENT'S NAME (First, Middle, Last) MAMIE	1	RANKLE	4			2. DATE OF MONTH JUNE	DEATH DAY	994	/FAR	:20 P	н
	4. SOCIAL SECURITY NUMBER 551-21-0782	1 - M 2 X F 1	GE (In yrs. lest bii	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	(Month, E AUG.	ATE OF BIRTH Month, Day, Year) AUG. 4, 1890 8. BIRTHPLACE (State Country) RUSSIA				əlgn
20	9a. FACILITY NAME (If not institution, give s MONTGOMERY GENE) RESIDENCE OF DECEDENT		L		LNEY	R LOCATION OF DE	EATH		MONT	GOME	Ky ———	
DIRECTOR	10e. STATE 10b. COUNT MARYLAND MONTO	1	Oc. CITY, TOW SILVE					10d. INSIDE CITY LIMITS? 1 X YES 2			NO	
FUNERAL	100. STREET AND NUMBER 10811 TENBROOK C	г.			10f	20901			10g. CITIZEI USA		AT COUNTRY?	
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	0		ENDENT OF HISPAN pelfy Cuban, Maxica 2X NO Specify	n, Puarto Ric			Black, V	- American India White, atc. TE	n,
	Elementary/Secondary (0-12) College (1-4 or 5+)				ne durina mo.		16b. K		NESS/INDUS			
BE CO	17. FATHER'S NAME (First, Middle, Last) ABRAHAM		BORDENS	SKY		18. MOTHER'S NA ROSE	ME (First, Mid	dle, Maiden S		'RADI	IN	
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS BETTIE BOGEN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10811 TENBROOK CT SILVER SPRING, MD 2090 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) OLD MOSES MONTIFIORE WOODMOOR HEBREW 6/24/94 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) OLD MOSES MONTIFIORE WOODMOOR HEBREW 6/24/94 22c. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.								D'ate			
NO	23 PARTILENTER the disease, or shock, or hear elfure. IMMEDIATE CAUSE (Fine) disease or condition reaulting in death) Sequentielly liet conditions, if any, leeding to immediate	a. OUE TO (OR /	ased the death on each line. AS A CONSEQUE AS A CONSEQUE	n. Do not en	ter the mo	RETSTERT	h as cardia	c or respire	atory arrea	ıt,	Approxima interval Be Onset and 24 h	tween
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST d.											
PHTSICIAN: MEDICAL	Respecting Facture 5) S Phys Sugar Fro 1 yes 2 1/100							VERE AUTOPSY FII VAILABLE PRIOR Y OMPLETION OF C OF DEATH?	AUSE			
TOICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆	DOA 4 1	ER:	ACE OF DEATH (Ch		Specify)				
ם ום	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	ar)	8b. TIME OF INJURY	1 🗆 1	RK? 'ES 2 NO			JURY OCCUP			
COMPLEIED	3 Suicide 8 Could not be datermined 28s. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 28s. CERTIFIER 20 CERTIFIER									ite Number,		
COMP	(Check only one) 2 MEDICAL EXAMINI		deta and place, and dua to the cause(s) and manner as stated. on, death occured at the time, data and place, and dua to the cause(s) and manner as					and manner as at	ated.			
IO DE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 6/21/94						
	18111 PAINE	Phys D	OLNE SIGNATURE	31	70	2832						
	31. DATE FILED (Month, Day, Year)	grina Davi	Ken-Africa	LIL							DAMAS 40	Rev 1/89

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FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	ITEMS: 28a-f, PER MED FILM G-714 8/17/94 t.t

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH									
	ERIC GRIMES JUNE 24 1994 8:15P M									
	4. SOCIAL SECURITY NUMBER 254-25-8620 5. SEX 1X M 2 F 6. AGE (In yrs. last birthdey) 21 YRS. 6. AGE (In yrs. last birthdey) 31 YRS. 6. AGE (In yrs. last birthdey) 32 Notes of BIRTH (Mopth. Opy. 16er) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1X M 2 F									
OR	99. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH UNIVERSITY HOSPITAL S.T.U. Baltimore City. 1/ a									
DIRECTOR	MARYLAND 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? BALTIMORE 107 108 2 0 NO									
FUNERAL D	100. STREET AND NUMBER 2113 HOLLINS STREET 2123 101. ZIP CODE UNITED STATES									
BY FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Indian, 17. Never Merried 2									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) LABORER ACCU STAFF INC.									
	17. FATHER'S NAME (First, Middle, Last) WILLIE F. GRIMES 16. MOTHER'S NAME (First, Middle, Melden Surneme) DOROTHY M. BAILEY									
TO BE	190. INFORMANT'S NAME (Typer/Print) DOROTHY M. SOLOMON 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 2113 HOLLINS STREET, BALTIMORE, MD 21223									
	20c. METHDO OF DISPOSITION YO Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Name of Comp									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH 1101 E. NORTH AVE.									
	23. PART I. Enter the diseasea, or complications that ceded the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abook, or heert failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Diff to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
DICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO									
MEDIC	1 DYES 2 NO COMPLETION OF CAUSE DEPORTED IN THE PROPERTY OF CAUSE DEPORTED									
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
Ι×S	1 VYES 2 ND 1 Inpetient 2 Revolutement 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident Investigation 280. DATE OF INJURY (Month, Day, Year) 1615 hrs. 1 YES 2 X NO SUBJECT SHOT									
	3 Suicide 8 Could not be determined 28e. PLACE DF INJURY — At home, ferm, street, factory, office City or Town, Stelle) NORTH AVE. & CAREY ST. BALTIMORE CITY									
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
BE	296. BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O. C. M. E. 29d. DATE SIGNED (Month, Day, Year) DJUNE 25 1994									
01	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THEONORE M. K. 111 Penn Street, Baltimore, Maryland 21201.									
	31. DATE FILED (Month, Day, Year) JUN 2 8 1994 JUN 2 8 1994									

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)								3. TIME OF DEATH		
	Joseph G. Griff:	in					1994	YEAR	1156 AM	М	
	4. SOCIAL SECURITY NUMBER S.	7. DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHE	PLACE (State or Forei	ign					
							922	Mic.1	n higan		
	9e. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN (OR LOCATION OF DE	Aug 23, 19		NTY OF DE			
DIRECTOR	Northwest Hospital	Ba1	timo	re County	У						
Æ	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY		
0	Maryland Baltin	nore		Randa1	1stown				LIMITS?	0	
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?		
ER	3832 Cherrybrook I	Rd.			21133		USA	A			
FUNERAL	The state of the s	2. WAS DECEDENT EVER IN FORCES? 1 X YES				NIC ORIGIN? (Specify Yes	s or No—	14. RACE	- American Indian,	,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 K ND Specif	en, Puerlo Ricen, etc.) ly:		Specify	, White, etc. y:		
			<i>J</i> 2	1					White		
TEI	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	(Give kind of w	JSUAL OCCUPATION ork done during monotories retired.)	N st of working	16b. KIND OF BU	SINESS/IND	USTRY			
Ľ		College (1-4 or 5+)				n					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	years [Proposal	Co-Urai		Bendia		pora	lion		
	The second second second					AME (First, Middle, Maiden					
BE	Joseph Griffin 19a. INFORMANT'S NAME (Type/Print)					ice Gardnei					
2	Mrs. Carmen A. Grif	eein				Route Number, City or Tow			01100		
	20a, METHOD OF DISPOSITION		PLACEANDDATEO		ook Rd.				21133		
	1 Buriel 2 Cremation 3 Remova	I from State	etery, crematory or oth	r DISPOSITION (Na ner place)	me of	DATE 20c. LOCATION — City or Town, State					
	1 M Burlel 2 Cremation 3 Removal from State Cemetery, crematory or other place) MD Veterans Cemetery 6-29 Garrison, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									_	
- A	Dolm K Ay.		Funeral Di	recto	ors,	Inc.					
-//						Rd. Randa			MD 2113	3	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cardisc or reepiratory arrest, shock, or heert fellure. Liet only one ceuse on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final										
	disease or condition										
	DUE TO (DR AS A CONSEQUENCE DF):										
NO	Sequentially list conditions.										
F	the any, leading to immediate cause. Enter UNDERLYING										
SE	CAUSE (Disease or injury C.										
CERTIFICATION	that initiated events resulting in death) LAST										
B	- o										
AL	PART II. Other aignificent conditions c	ontributing to daeth be	ut not reaulting in	tha undarlying		PEREDE			WERE AUTOPSY FIND AVAILABLE PRIOR TO		
8	Canema Aca	200001500	1	GI	81000	1 YES 2			COMPLETION DF CAU		
ME	Preserve	CARCUT	۲						1 YES 2 NO		
ä	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH Y	ES NC						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	1	26. PL	ACE OF DEATH (Ch	eck only one)					
YSI	1 YES 2 NO	☐ Inpetient 2 ☐ ER/Outp			e 5 🗆 Residence	6 Other (Specify)					
F	27. MANNER DF DEATN	(Month, Day, Year)	26b. TIME INJU	IRY WO	RK?	28d. DESCRIBE NOW I	NJURY OCC	URED			
B	2 Accident Investigation	Netural 5 Pending 6 3 4 4 M 1 YES 2 NO									
	3 Suicide 6 Could not be 4 Nomicide determined	'	28f. LOCATION (Street a City or Town, State)	and Number	or Rural Ro	sute Number,					
Ш	Fig. of the second		a n							_	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYIND PNYSICIAL										
00	MEDICAL EXAMINER: C	On the basis of examination	end/or investigation	, in my opinion, d	eath occured at the	time, data and place, en	d dua to the	e cause(e)	end menner es state	ed.	
BE	296 SIGNATURE AND TITLE OF CERTIFIER	La 1			29c. LICENSE NUN	WINER	29d. DATE	SIGNED ((Month, Day, Year)		
2	stax 1 f	da	600)		P41	165	> (126	194		
-	30. NAME AND ADDRESS OF PERSON WHO O	OMPLETED CAUSE OF DEA		"" B F17		24	/	/			
	STUDET GONE	son of	D Coul	pt 00) /	1650 une	- N	C	8 2212		
	31. DATE FILED (Month, Day, year)	32 REGISTRAR'S SIGNA	ATURE								
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physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit.
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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer men in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 14:30A M 1994 Allen Anthony Griffin, Jr. June 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
Jan 22, 1935 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 X M 2 | F 212-34-2169 59 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City Baltimore 1 TY YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6700 Parsons Ave. 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
16 was specify Cuban, Maxicon, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American indian, Black, White, atc. If yes, specify Cuban, Maxicen, Puarto Ri 1 YES 2 NO Specify: 1 Never Married 2 2 Married BY 3 Widowed 4 Divorced Korea White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 years Police Officer Baltimore City Police 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Allen Anthony Griffin, Sr. Helen V. Myers BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Mrs. Lillian E. Griffin 6700 Parsons Ave. Baltimore, MD 21215 20s. METHOD OF DISPOSITION
1XC Burlel 2 Cremation 3 Removat from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Druid Ridge Cemetery 6-30 Pikesville, MD 21. SIDNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition metastatic mouth gastuc Caraciona resulting in death) DUE TO (OR AS A CONSEDUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO JOB AS A CONSEDUENCE OF that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 X Other (Specify) HOSPICE HOSPITAL: 1 YES 2 NO Inpatiant 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) marilda H. 6/27/94 50 D26250 , Ans 2 30. NAME AND ADDRESS DF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

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32. PEGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	BEG NO

	1 - STATE OF MARYLI REGISTRAR	AND / DEPAR CERTIFI	MENT OF H	EALTH AND N	MENTAL HYGIENI REG. NO.	E				
- 8	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH			
- 4	ELSIE GORDON				6. 18					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (I	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. Bi	IRTNPLACE (State or Foreign			
ı	216-03-3461 1 M 2 T F 8. 9a. FACILITY NAME (if not institution, give street and number)	1 YRS.	MONTHS DAYS	HOURS MIN.	8/16/191	2	MD MD			
œ	LAVENDALE HOSPITAL	- 1		PR LOCATION OF DE	ATN	9c. COUNTY C	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT		BALTI	MORE						
EC	10s. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	ION		.=	10d. INSIDE CITY			
급	MD	BA	ALTIMORE				LIMITS?			
AL	10e. STREET AND NUMBER			. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?					
ER	2434 W. BELVEDERE AVE		2	1216		U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	S	RACE — American Indian, Black, White, etc.					
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS		R. AMERICAN			
ET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo	st of working						
집	12	house	keeper							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	NE (First, Middle, Maiden :	Sumeme)				
О	HARRY L. GORDON			ELISE	M. GORDON					
BE (19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street e		oute Number, City or Town	n, State, Zip Code))			
5	LAVERNA CLINTON				. MD 21208					
	20a. METNOD OF DISPOSITION 20b.	PLACE AND DATE O	F DISPOSITION /No	me of	DATE 20c. LOC	CATION — City o	or Town, Stata			
		RBUTUS M	-			BUTUS	MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE?		ESTE	D ADDRESS OF FACE	S FUNERAL	HOME D	,			
	Lucy 911 116	1	1300	EUTAW PL	ACE BALTO.	MD 21	217			
	23 PART I. Enter the diseases, or complications that caused shock, or heart failure. List ship one cause on ear iMMEDIATE CAUSE (Final disease or condition soulting in death)	och Jiffie.			as cardiac or respir	and y arrest,	Approximate Interval Between Onset and Death			
CERTIFICATION	rs any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF								
AL O	PART II. Other significant conditions contributing to deeth be	ut not resulting in	the underlying	g cause given in I	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
2	Insulia Dependent Dia	betes 1	rellitu	1	PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE			
	Respiratory Insufficience		Ventil			4.10	OF DEATH?			
-	C 1 1 - 1 - 1 - 1	7		3-00-	_	-	1 120 2/4 110			
M	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Che	ck only one)					
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Vinpatient 2 ER/Outpi	etient 3 DOA	OTHER:	e 5 🗆 Rasidenca	Other (Specify)					
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending 288. DATE OF INJURY (Month, Day, Year)	28b. TIME	DF 28c. INJ	URY AT	28d. DESCRIBE HOW IN	JURY OCCURE	D			
D BY	2 Accident Investigation 3 Suicide 6 Could not be building, atc. (Spec	— At home, ferm, s	M 1 1		26f. LOCATION (Street a	nd Number or Ru	ral Route Number,			
ETE	4 Homicide datermined				City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
H	296. SIGNATURE AND TITLE OF CERTIFIER SEG CERTIFIER	ATTEN	DING	29c. LICENSE NUM	610	29d. DATE SIGN	NED (Month, Day, Year)			
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA		28	FT HOV	VAR					
		ERDERE	AVEN	JE BAL	TIMORE	M) 2	1215			
	JUN 2 8 1994 June Seurdson	-Andell		,						

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ITEMS: 23 PART I, 27, PER MEO FILM G-713 7/1/94 t.t ITEM: 1. PER F.H. FILM G-712 6/28/94 t.t

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	ERTIFIC	ATE OF	DEATH	R	EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	PATRICIA		GRA	CE		2. DATE OF 6		1994	3. TIME OF DEATH 11:51 A		
						J O M I	L 24 .	1994	11:51 A		
4. SOCIAL SECURITY NUMBER 069-46-1114	1 🗆 M 2 🔀 F	AGE (In yrs. less		NTHS DAYS	HOURS MIN.	7. DATE OF E (Month, De 6-5-	y. Year)	Count	HPLACE (State or Foreign try) W YORK		
9a. FACILITY NAME (If not institution, give	,				OR LOCATION OF DE	EATH	9c. CC	OUNTY OF E	DEATH		
mercy medica RESIDENCE OF DECEDENT 100. STATE 100. COUN MARYLAND			I	BALTII	MORE						
10s. STATE 10b. COUN	TY			OWN OR LOCA					10d. INSIDE CITY LIMITS?		
			BAL	TIMORE	CITY				1 X YES 2 NO		
1210 ST. PAUL	STREET		101. ZIP CODE 21202						U.S.A.		
11. MARITAL STATUS 12 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 XIN		13. WAS DE If yes, s 1 — YE	14. RAC Blac Spec	E — American Indian, ik, White, etc.					
15. DECEDENT'S ED		16a, DE	CEDENT'S US	JAL OCCUPAT	ION	16b. KIN	D OF BUSINESS/I	NDUSTRY			
(Specify only highest gra-	College (1-4 or 5+)	(G/	ve kind of work Do NOT use re	done during m tired.)	ost of working	HEA	ALTH EDU	CATTO	ON AND		
12	2	CC	MPUTE	R OPER	ATOR		ABTLTTA				
17. FATHER'S NAME (First, Middle, Last)							e, Maiden Surname	2 2 0 21			
WILLIAM P.	GRACE, SR	١.			JEAN 1	OUTSE	McMARRO	W			
19a. INFORMANT'S NAME (Type/Print)			. MAILING AD	DRESS (Street	and Number or Rural			••			
JEAN LOUISE STEE	LE				STREET,				16501		
20s. METHOD OF DISPOSITION			ND DATEOFD			DATE	20c. LOCATION				
1 Seuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State		CEMET		anto or	DATE	ACKLEY		own, State		
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	IIAUU	CISPIET	_	AND ADDRESS OF FA	CHITY	ACKLEI	, FA			
+ Calles X	Hack	MOO550 STERLING ASH 736 EDMONDSOI				CON FUN					
disease or condition resulting in death) BILATED CARDIOMYOPATHY DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant condition	ons contributing to dea	ith but not re	asulting in t	he undariyir	ng cause given in	Part I. 24s	. WAS AN AUTOPS PERFORMED?	Y 241	b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO		
						_ 18	YES 2 NO		COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
DID TOBACCO USE	CONTRIBUTE TO	O CAUS	SE OF D	EATH '	YES NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1.0		PLACE OF DEATH (Ch	eck only one)					
1 X YES 2 NO	1 Inputient 2 XER/	/Outpetlent 3		THER: Nursing He	me 5 🗆 Rasidenca	6 Other (Sp	ecify)				
27. MANNER OF DEATH	26a. DATE OF INJU		28b. TIME O		JURY AT ORK?	28d. DEŞCRII	BE HOW INJURY (CCURED			
1 Natural 5 Pending 2 Accident Investigation					YES 2 NO						
3 Suicide 6 Could not b 4 Homicide determined	28s. PLACE OF IN. building, atc.	JURY — At her (Specify)	t home, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	SICIAN: To the best of my i								e) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFI	29b. SIGNATURE AND TITLE OF CERTIFIER								D (Month, Day, Year)		
Non a Od S. 1	None of Gillailano								25,1994		
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE O	F DEATH (ITEM	M 27) (Time Pri	nt)	O.C.M	. Ľ •	1 - 0	ONE	4J,1774		
7	GHT MD	111			et, Bal	timor	e, Mar	ylan	d 21201		
JUN 2 8 1994	32. REGISTRAR'S	SIGNATURE									

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

wirs after death. Page 6 may be retained by the hospital or attending physician.

TO THE PROPERTY OF ALL DESCRIPTIONS AND THE PROPERTY OF THE PR
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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	RTIF	ICATE	OF	DEATH		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF OEATH
	BRUCE WAYNE H					06	MONTH DAY YEAR 06 24 1994			9:30 PM. M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthdav)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.		OF BIRTH	± .		IPLACE (State or Foreign
	216-60-6363	1 🕅 M 2 🗆 F	40	YRS.		MYS	HOURS MIN.	(Mont)	n, Day, Year)		Count	ry)
	9a. FACILITY NAME (If not institution, give s		40	· no.					02-19	v		NTUCKY
~							R LOCATION OF D	EATH		9c. COL	INTY OF D	EATH
ا ق	411 RIDGLEY RO	AD			GLE	N I	BURNIE			ANI	VE A	RUNDEL
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		40. 0	www.i		ис					
<u></u>				_	Y, TOWN OR							10d. INSIDE CITY LIMITS?
0		ARUNDEL		GI	EN B	URI	NIE					1 - YES 2 1 NO
₹	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
띮	411 RIDGLEY RO	AD		21061						Ţ	J.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED 13. WAS DECENDENT OF HISPANIC					? (Specify Yee	or No-	14, RACI	E — American Indian,
	1 Never Married 2 🕅 Married	FORCES? 1 [V]	FORCES? 1 YES 2 NO			If yea, specify Cuban, Maxican, P 1 YES 2 X NO Specify:					Black	k, White, atc.
B	3 Widowed 4 Divorced	1972-				1120	Z Z NO Specif	· ·			Spec	
	15. OECEDENT'S EDU	CATION		CEOENT'S	USUAL OCCL	JPATIO	N	16b	KIND OF BUS	UNESS/IN	DUSTRY	WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(G		vork done duri			1.50				
7	1 2	College (1-4 or 5+)			MPLO	VEI)	- ,	PAINT	TNC		
N	17. FATHER'S NAME (First, Middle, Lest)		1 25	PE E	ILIE PO	TIL						-
							16. MOTHER'S NA					
BE	HENLEY M. HERR	ELL					GLADYS				SOE	
2	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS (S	treet ar	nd Number or Rural	Route Numb	er, City or Town	n, State, Zi	p Code)	
-	JANICE L. HERRI	ELL	4	111	RIDGI	EΥ	RD.,	GLEN	BURN	IIE,	MD	21061
	200 METHOD OF DISPOSITION		20b. PLACE	AND DATE (OF DISPOSITION			DATE	_			
	1 N Burtal 2 Committee 3 Rate	DAN FORM STATE	MD VE	metory or or	her plece)	EM	ETERY	6/2	7/940	ROW	NSV	ILLE, MD
	21. SIGNATURE OF FÜNERAL SERVICE LE	ENSEE //	ILID VI	J L DIV			D ADDRESS OF FA		11 240	, ICO W	140 4 .	1000/ 110
- 1		1			CTN	TOT	DOMEST DO	ETATES TO	AL HC	ME		21061
	- The	-5C1			1 8	ECC	OND AVE	. S.	N., GI	EN I	BURN	IE, MD
	23. PART Enter the diseases, or	complications that co	sused the de	with. Do n	ot enter the	e mod	te of dying, suc	h as card	liac or respi	ratory ar	rest,	Approximate
- 1	shock, or heart failure.	List only one cause	on each line	4								Onset and Death
- 1	disease or condition				123		ny					Onset and Death
- 1	resulting in death)	o		76	P515							asus
		DOE TO (ON	AS A CONSEC	JUENCE OF	100	10						0
중	Sequentially list conditions,	b	Ca	0	1 1	u	ne	-				
ĔI	If any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF	nt. "		07					15
CERTIFICATION	CAUSE (Disease or Injury	6.		An Person Service Constitution Con-								
쁘	that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF	9							
E	resulting in death) LAST	d										
0	BAST II Other significant condition		ath has a second								_	
₹	PART II. Other significant condition	is contributing to del	ath but not n	esulting i	n the unde	rtying	cause given in	Part I.	244, WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8	,							_	1 YES 2	□ NO		OF DEATH?
#								_				1 YES 2 NO
÷ l	DID TOBACCO USE	CONTRIBUTE 1	O CAUS	SE OF	DEATH	Y	ES NO					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					-	ACE OF DEATH (Ch	hand	41			
25	EXAMINERY	HOSPITAL:	In the second second	Cino.	OTHER:			and a second second				
ž	27. MANNER OF DEATH	28s, DATE OF INJ		_		_	5 - Residence			a majori a	ALCOHOL:	
	1 Historial 5 ☐ Pending	(Minth, Day, 1		20b. TIMI INJ	URY	wor	RK7	zed. DES	CRIBE HOW II	NURY OC	CURED	
B	2 Accident Investigation						EB 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF III truffding, etc.	UURY — At ho	me, ferm, s	treet, factory.	office	7	28f. LOCA	ATION (Street a	nd Numbe	r or Runi I	Route Number
1	4 Homicide determined								TOWN, SHARE			
COMPLETED	25m. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of	knowled 1	ath access	al as the second	4.1	and the same		1100000	3 6 5 6 1		
≩ II		CIAN: To the best of my										
8	2 MEDICAL EXAMINE		mation and/or i	investigatio	n, in my opin	ion, de	eath occured at the	time, date	end place, en	d dua to t	he cause(s	i) and manner ea stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1002			-		29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
	They	Bland					0432	35		•	5/74	1/74.
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITE	W 27) (Type.	Print)			- 1			. 2 .	1
	41	MC)				1 1		Can		10-	+==
	31. DATE FILED (Month Day Vest)	# BEGIEVED DIO	SIGNATURE	1-	-4 -6	5/1	4 11	1	ما	non	4	ac,
	JUN 2 8 1994	Fine Days	John Ann	LAL								
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BALTIMORE, MARYLAND 21215-0020	DING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
	hours after death. Page 6	lled in by the funeral directo
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ON OF VITAL RECORDS, P.O. BOX 68760,	requires that the d	ertificate has been signed by the attending physician and completely
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DF VI	PSICIAN:	is certific
N OF V	3 PHYSICIAN:	ir this certific

	1. DECEDENT'S NAME (First, Middle, Les JERRY LAYNE		UMPHRIE					MON	E OF DEATH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	0	0		941	<u> </u>							
	433-02-9396	5. SEX	6. AGE (In yrs. 37	YRS.	MONTHS DA	-	DER 24 HRS.	(Mon	th, Day Year)	956	Country	LACE (State or Foreign .siana	
	9e. FACILITY NAME (If not institution, give		37	Tho.	a: 0/21/ TO								
œ	Stella Maris Ho				9b. CITY, TO		ATION OF D	EATH	17.11		altin		
CTO	RESIDENCE OF DECEDENT	spice			10	wson				Do	ar CIII	lor e	
ш	10a. STATE 10b. COUN	ITY		10c. CI1	TY, TOWN OR LO	CATION						10d. INSIDE CITY	
DIR	Maryland	Baltimore			Balt	imore	2					LIMITS?	
AL	10e. STREET AND NUMBER					101. ZIP C	ODE			10g. CITI	ZEN OF WI	HAT COUNTRY?	
ER	4 Holcomb Ct.					2	21220		4.00		USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S.	ARMED					IN7 (Specify Yee	or No-		- American Indian,	
	1 Nover Morried 2 Merried		1 YES 2X	NO			uben, Mexic NO Speci		Rican, etc.)			White, etc.	
BY	3 Widowed 4 Divorced											White	
	15. DECEDENT'S Et (Specify only highest gra		(Give kind of	work done during	ATION most of we	orking	16	6. KIND OF BUS	INESS/IND	USTRY			
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	He. Do NOT u	ise retired.)				M = 21.5	7			
COMPLETED			Re	giste	red Nu	_			Medi				
8	17. FATHER'S NAME (First, Middle, Last)				18. M			Middle, Maiden					
BE	Ernest Christop	ner Humpn							arie Th		_		
2	19e. INFORMANT'S NAME (Type/Print)									City or Town, State, Zip Code)			
	Gary numberies 4 norcomb ct., Bartimore, Pib 21220												
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cempton), Sequence of cempton, Sequ												
	4 Donation 5 Other (Specify) West Monroe, LA												
	22. NAME AND ADDRESS OF FACILITY ALTENBURG FUNERAL HOME, P.A.												
	P /6: /4 / FIII X												
	23. PART 1. Enter the diseases. o	r complications the	at coursed the	deeth Do								21214	
	23. PART 1. Enter the diseases, o shock, or heer failured in the condition of the condition resulting in death)	e. List Dnly one ca	O (OR AS A CONS) S	not enter the							Approximate Interval Betv	
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DR. KENDALJ, R. FAULKNER, MD 2300 DULANEY VALLEY RD., TOWSON, MD

31. DATE FILED (MONTH, Day, Year)

JUN 2 8 1994

JUN 2 8 1994

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	2	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PHYSICIAN:

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25. WAS CASE REFERRED TO MEDICAL

Investigation

6 Could not be determined

EXAMINER?

1 Natural
2 Accident

3 Suicide

4 Homicide

1 TYES 2 NO

27. MANNER OF DEATH

Item17 6-28-94 FilmG712 W.H.per F/H FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Alma Elizabeth June 23, 1994 Harvey 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Dey, Year)
Jan. 14,1918 76 212-10-3440 1 M 2X YRS. MAryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 22 McCormick AVenue Baltimore Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland BAltimore County Baltimore 1 YES 2XXNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22 McCormick Avenue 21206 U.S.A. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2/2/NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2X NO Specify. BΥ Specify: 3 ₩Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Dept. of Education Elementary/Secondary (0-12) 12th Grade State of Maryland 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard A Allard Elizabeth BE Jeremias 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn E. Smith 22 McCormick AVenue Baltimore, Maryland-21206 20s. METHOD OF DISPOSITION
149 Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Hill Memorial Park 6-27 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 BElair Road John C. Miller, Inc. Balto. Md.-21206 23. PART i. Enter the disease, or complicatione that caused the symb. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximate ehock, or heart feilure. List only one ceuse on each if Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death metastatic Knowst disease or condition reaulting in death) year DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST MEDICAL

PART il. Other significant conditions contributing to death but not requiting in the underlying cause given in Part i.

1 Inpatient 2 ER/Outpatient 3 DOA

28s. DATE OF INJURY

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 TONO

28d. DESCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

26. PLACE OF DEATH (Check only one) 4 ☐ Nursing Home 5 K Rasidence 6 ☐ Other (Specify)

1	Ш	YES	2	NO	

29a, CERTIFIER 1 DCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

26b. TIME OF

2 MEDICAL EXAMINER: On the basis	of examination as	nd/or investigation, in my op	nion, death occured	f at the time, data and	d place, and due to the ca	use(s) and manner as	stated.

26c. INJURY AT WORK?

1 YES 2 NO

29b. SIGNATURE AND TITLE OF

OTHER:

30. NAME AND ADDRESS OF PE DEATH (LTEM 27) (Type, Print)

HOSPITAL:

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. NO	Э.	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
		Eugene	D	Judy			June 27,		м
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
Should		215-26-6520 9a. FACILITY NAME (If not institution, give		61 YRS.			July 5,		t Virginia
2,	СТОВ	1218 Glenback A				VN OR LOCATION OF DE ikesville	EATH	9c. COUNTY OF Ba1	timore
es ↑	101	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CIT	TY, TOWN OR LO	CATION			10d. INSIDE CITY
iit. Pages		Maryland Balt:	imore		Pikesv				LIMITS?
n. ansit permit.	ERAL	100. STREET AND NUMBER 1218 Glenback	Avenue			10f. ZIP CODE 21208		· A .	
215-0020 attending physician. ise as the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 A Divorced	12. WAS DECEDENT EVER IF FORCES? 1 [X] YES IF YES, GIVE WAR OR E Korean Conf	2 NO	If yes	DECENDENT OF HISPAN I, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	Spi	CE — American Indian, ack, White, etc.
1215-0 r attending use as the	ED	15. DECEDENT'S EDI (Specify only highest grad	CATION	16a, DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BU	USINESS/INDUSTRY	White
27 g g d	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Pump Op	se retired.)		Ralto	City Fir	a Dont
The hospital detached for	OMI	17. FATHER'S NAME (First, Middle, Last)		T dinp of	eracor	_	ME (First, Middle, Maide		e Dept.
Z 2 2 2	1	Fred	A. Jud	ly		Fern	La		
MARYLAND retained by the hospit should be detached	2	19a. INFORMANT'S NAME (Type/Print) Eugene B. Judy				eet and Number or Rural I			0.006
40		20a. METHOD OF DISPOSITION	201	b. PLACE AND DATE		View Aver		more, MD	
MOR age 6 ma director, p		1 of Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State cer	metery, cremetory or a	other place)	Cemetery		mberland	
ALTIMORE, death. Page 6 may be funeral director, page i.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE MA	6-		ng Byers I		rectors.	Inc.
		Depler	111 /10	min	8728	Liberty F	Road Randa	11stown,	
lely filled Ir nation, or		23. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Liet only one cause on e	eech line.		mode of dying, such		piratory erreat,	Approximeta Interval Between Onset and Death
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clan be	CATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS /	A ^v CONŜEOUENCE O	(F):				, ,
h certificate anding physical prices of the	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
_ = = =			d						
Y - 66 -	DICAL	PART II. Other algnificent condition	ne contributing to deeth t	but not resulting	In the underl	ying cause given in		N AUTOPSY 24 PRMED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
S E S E		Dialets;	HASIM		0	ul-00-/	1 YES	2 NO	OF DEATH?
Pept as 1		DID TOBACCO USE		CAUSE OF	DEATH	YES NO			
# # # # # #	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	method 2 DO4	OTHER:	L PLACE OF DEATH (Ch			
YSICIAI YSICIAI S certif th the		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c.	Nome 5 Residence	6 ☐ Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURED	
DING PHYS After this death with	BY F	1 Natural 5 Pending 2 Accident Investigation				WORK?			
TTEN TTEN CTOR: after	TEO	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, loffy)	atreet, factory, o	office	28f. LOCATION (Street City or Town, State	and Number or Rura i)	l Route Number,
			ICIAN: To the beat of my know						
	CO		ER: On the baala of examination	on and/or investigation	on, in my opinio	n, death occured at the	time, date and place, a	nd due to the cause	e(a) and manner as stated.
TO THE HOSP TO THE FUNEI DE filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIE	N.	X. W	,	29c. LICENSE NUN		29d. DATE SIGNE	ED (Moeth, Day, Year)
663	임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	, Print)	130 80		1 - 1/2	144
		Dr. Jay Stephen	Margolis 70) F Paint	ers Mi	11 Road C	wings Mil	ls, MD	21117
		31. DATE FILED (Month, Day, Year) JUN 2 8 1994	Julia Davids	NATURE PANCED	-				

CET :

ITEM

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

															HYGIENE
S:	23	Part.	Ι.	II.	27.28	a.b.c	.d.e	e.f	per	MEO	G-714	8/19	/94	reb	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF HEAL CATE OF DE	TH AND ME	ENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lee TRACY	11)		JORDAN		DATE OF OEATH DATE OF OEATH DATE		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 218-11-3022		(In yrs. lest birthday)	IF UNDER 1 YEAR IF UI MONTHS DAYS HOUR	RS MIN.	DATE OF BIRTH (Month, Day, Year)	B. BII	RTNPLACE (State or Foreign untry)	
9a. FACILITY NAME (If not institution, given SINAI HOSPIT	e street end number)	0	9b. CITY, TOWN OR LOC	ATION OF DEAT	н	9c. COUNTY O	Y OF DEATH	
RESIDENCE OF DECEDENT	AL		Baltimo	re Cit	у.	Balt	imore	
10e. STATE 10b. COU			, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
Maryland Anr	ne Arundel	Ga	ambrills	006		10- 01717511 5	1 YES 25 NO	
2300 Four Sea	sons Drive		2.20.	1054			S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES	13. WAS DECENDER	IT OF HISPANIC uban, Maxican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14. R	ACE — American Indian, lack, Whita, etc.	
15. DECEDENT'S E (Specify only highest gra	DUCATION ide completed)	18a. DECEDENT'S L (Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of w	orking	16b. KIND OF BUS	I SINESS/INDUSTR		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Stud	· ·		Educa	tion		
17. FATNER'S NAME (First, Middle, Last)			. 100.00		(First, Middle, Maiden	Surname)		
Everette E. 19a. INFORMANT'S NAME (Type/Print)	Jordan	10h MAII INC	ADDRESS (Street and Nur	icki	Jones			
Everette E. J	iordan						ls.MD 2105	
20a. METNOD OF DISPOSITION 1 G Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	205	H. PLACE AND DATE OF	F DISPOSITION (Name of the place) Bethel UM		DATE 20c LO	CATION - CITY OF	Town State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE PORT	P	Hardes	ty Fur	neral Ho	me, P	.A.	
IMMEDIATE CAUSE (Final diaease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	RHYTHMIA A CONSEQUENCE OF A CONSEQUENCE OF	I A):				Onset and Das	
LOW GRADE, LINGU	A, LINGULA LEFT L LA LEFT LUNG	UNG AND MU	COEPIDERMIOD	CARCINOM		MED?	24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL				F DEATN (Check	only one)			
EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Home 5	Realdence 8 [Other (Specify)			
27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	JRY WORK?		8d. DESCRIBE NOW I			
2)(X) Accident Investigatio	28a. PLACE OF INJURY	/:10 Y — At home, farm, at	P M 1 ☐ YES		URING SURGE		red Dourte Alumbar	
4 Nomicide 8 Could not to	HOSPITAL	ctty)	,		City or Town, State) INAI HOSPIT			
	YSICIAN: To the best of my know						se(a) and manner ea stated.	
298. SIGNATURE AND TITLE OF CERTIF	Wight MD		29c.	.C.M.	FR		NED (Month, Day, Year)	
DONALD G, WR	WHO COMPLETED CAUSE OF DE	eath (ITEM 27) (Type, 111 Penn	Street,	Balti	more, Ma	arylan	d 21201.	
31. DATE FILES WON 2 8 19	32. REMISTRAR'S SIGN	NATURE COMPANY						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Pages 1, 2, 3 should		
her death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, mal .	al examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	-TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should "s", be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	4MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
1	17	7	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			IYGIENE IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) M. JULIENNE			OVAC, S		2. DATE OF	DEATH	994 YEAR	3. TIME OF DEATH 10:10 am M	
	186-44-5033	1 - M 2 X F 8	n yrs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	er2,191	40 Count	PLACE (State or Foreign ny) ISYIVANIA	
TOR	9a. FACILITY NAME (If not institution, give stre Saint Joseph Hospit RESIDENCE OF DECEDENT	· · · · · · · · · · · · · · · · · · ·						9c. COUNTY OF DEATH Baltimore		
DIRECTOR	10a. STATE 10b. COUNTY	altimore	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X YNG		
FUNERAL	10e. STREET AND NUMBER 6401 North Charl				21212	_	10	ig. CITIZEN OF V	WHAT COUNTRY?	
B		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	I U.G. ARMED 2 NO TES		ENDENT OF HISPA	n, Puerto Rica		No- 14. RACI	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5+) 4	life. Do NOT use	ork done during mo	DN st of working	16b. KIN		iocese		
NO.	17. FATHER'S NAME (First, Middle, Last)			edcilei	18. MOTHER'S NA	ME (First, Midd				
BE	George Jakovac					Kolhai				
5	19a. INFORMANT'S NAME (Type/Print) S. Bernice Feiling				nd Number or Rural Arles St				yland 21212	
	20s. SETHOD OF DISPOSITION 1 N Average 2 Gramation 3 G Remove 4 G Panestion 5 G Other/Specify/	at from State	PLACE AND DATE OF or oth	DISPOSITION (Na er place)	me of			ON - City or To	wn, stata laryland	
	Dennis Stepher	Englenat	M00640	22. NAME AN	ork Road	Titche:	II-Wie	defeld	Home and 21212	
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li	mplications that caused st only one cause on e	tha death. Do no						Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	METASTATIC	BREAST CONSEQUENCE OF		MA				Onset and Death YRS	
NOIT	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF)							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:						
AL CE	PART II. Other aignificant conditions	contributing to death b	ut not reaulting in	the underlying	cause given in	Part I. 24	. WAS AN AUT	TOPSY 24b	WERE AUTOPSY FINDINGS	
EDIC	HYPERCALCEMIA					1	PERFORMED	21	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: M	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NC				1 VES 2 NO	
ICIA		HOSPITAL:		OTHER:	ACE OF DEATH (C)					
НУ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ		_	BE HOW INJUI	RY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28a. PLACE OF INJURY	— At home form et	M 1 🗆 1	RK? 'ES 2 NO	204 1 004710	A1 (Dt1 1	Number or Rural I		
ETED	3 Suicida 8 Could not be 4 Homicide determined	building, atc. (Spec	ify)	wet, actory, orner			wn, State)	Number or Hural I	noute Number,	
COMPLET		AN: To the best of my knowl On the basis of axamination							i) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A « COLON	en MD			29c, LICENSE NU	MBER	29	d. DATE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO ALAN KRASNER, M.	D. 7620 ST. JO	DSEPH HO	SP. TOW	SON,MD.	21204		7	7	
	JUN 2 8 1994	of BEGISTBAR'S SIGNA	- Aandell							

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DIVISION OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL OR ATTÉNDING POST OF THE HOSPITAL DIRECTOR. After the Compact of Hospital Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

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em	#	9a	Film	#	G	712	06-28-94	N.A.	Per	Funeral	Hom

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF					MENTAL	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	0 .	10.	101				2. DATE (OF DEATH DA	ν	YEAR	3. TIME OF DEATH		
	Michelle 4. SOCIAL SECURITY NUMBER	Kenee 6. AGE (1)	10U	CR	7			JUN	E 23		94	1:35 A		
	219-06-9894		n yrs. last birthday) 20 YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.		Day, Year)	4070	Countr			
	90. FACILITY NAME / 5622 Sinc			9b. CITY	TOWN C	R LOCATIO	ON OF OE		ber 4,	4, 1973 Maryland				
OR	-5622 ST. CLAIR LANE BALTIMORE CITY													
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y. TOWN C	IR LOCAT	ION						10d. INSIDE CITY		
DIRECTOR	Maryland					ore				LIMITS?				
	10a. STREET AND NUMBER					ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?		
FUNERAL	5402 Morello					212	214			Uni	ited	States		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	- 10	t yea, sp	cify Cuba	n, Maxican	, Puarto R	? (Specify Yea ican, atc.)	or No-	14. RACE Black	E — American Indian, k, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	'	YES	2 X) NO	Specify.	:			Speci	"Y" White		
ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	work done o			g	16b.	KIND OF BUS	INESS/IND	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Resta		+ 1.1	onk	2 10							
COMPL	17. FATHER'S NAME (First, Middle, Last)		V62.00	u i a ii	C W			WE (First, M	liddle, Maiden	Sumame)				
BEC	James Steph	en Lowery				(Germ	ain	e Ree	se				
0	19a. INFORMANT'S NAME (Type/Print)								er, City or Town			04044		
	Mrs.Germaine Rec		5402				oad	Ba		ore,		. 21214		
- 1	1 Burial 2 X Cremation 3 Ramo	oval from State ceme	etery, cremetory or o				6/	28/94						
	21. SIONATURE OF FUNERAL SERVICE LICENSEE MAYK T. Zavoyna 22. NAME AND ADDRESS OF FACILITY									- Carro				
	Marle T.	Europa .				Harfoi			baltimor	e. 21	214			
	23. PART I. Enter the diseases, or ehock, or haert fallure. I	emplications that ceused list only one cause on ea	the deeth. Do i									Approximate Intervei Between		
	iMMEDIATE CAUSE (Final disease or condition	Com		1	1	7						Onsat and Death		
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE	de	6.	n	>							
Z	Sequentially liet conditions,	b	0											
RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):										
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):								<u> </u>		
CERT	resulting in deeth) LAST	1												
اد	PART II. Other significent conditions	e contributing to death bu	ut not resulting	In the un	derlying	ceuse ç	jivan in i	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS		
									PRAFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME				_					-			1 YES 2 NO		
AN	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEAT		ES 🗆	NO				\bot	/\		
PHYSICIAN: MED	EXAMINER?	HOSPITAL:	stlent 3 DOA	OTHER 4 Num	R:			6 Other						
H	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM		26c. INJ		sidenca		CRIBE HOW IN	JURY OC	CURED			
2	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆 1	ES 2	NO NO							
	266 PLACE DE IN ILIEV — At home form street feeten; effice									loute Number,				
4	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	adas death see	-4-2-0	35 D.E		2230			_				
COMPLETED		R: On the basis of examination										i) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER						NSE NUM					(Month, Day, Year)		
O BE	7 herdre	U. Kun	Med	22			C.M					23,1994		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF SEA	TH (TEM 27) (Type 111	Print) Pen	n S	tree	t,	Balt	imor	e, M	lary	land 21201		
	31. DATE FILED WAR 100	A 32. MARIE IGN		,										
	AND THE PARTY OF T	7 0	AND AND AND	b										

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERIIF	ICALE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ANNA W. LE	-	1ac				2. DATE MONTH		- Contract of the Contract of	YEAR 1974	3. TIME OF DEATH Z = P M
	4. SOCIAL SECURITY NUMBER 215–36–4470	5. SEX	6. AGE (In yrs. la 98	et birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DE BIRTH Day, Year)	905	Counti	IPLACE (State or Foreign y) RUSSIA
	9a. FACILITY NAME (If not institution, give s	- "		13.70	AUG. 25,1895 RUS							
TOR	LEVINDALE NURSIN	IG HOME			BAL	TIM	IORE					
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY				y, town or LTIMC		ION			10d. INSIDE CITY LIMITS? 1X YES 2 NO		
AL	10e. STREET AND NUMBER		_	10f.	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?		
ÉB	2500 W. BELVEDERE				21215				U.S.	Α.		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AI	RMED NO	OH y	yes, spe	ENDENT OF HISPAN Holly Cuben, Mexica 2 NO Specify	in, Puerlo R		or No-		E — American Indian, k, Whita, atc. //y:WHITE
6	15. DECEDENT'S EDU (Specify only highest grade		16a, DI	CEDENT'S	USUAL OCC	UPATIO	N et ef werking	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 8th.	work dene dui se retired.) TOR	nng mos	st of working	•	GROCEF	RY ST	ORE				
O	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA	ME (First, A	fiddle, Malden	Surname)			
BE C	ABRAHAM WIN	IK					CECE	ELIA	NI	MITZ		
5	198. INFORMANT'S NAME (Type/Print) MRS. RUTH COHEN					R., APT.					09	
MRS. RUTH COHEN 2257 ROGENE DR., APT. #101, BALTO., MD. 21209 20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion Remove from State 4 Donetion 5 Other Specify MT. LEBANON—WORKMEN CIRCLE ADELPHI, MD.												
D .	21. BIGNATURE OF BRIEFIAL BERNEL LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.											
	6010 REISTERSTOWN RD., BALTO., MD. 21215									. 21215		
ART I. Enter the disease, or corpolicatione that caused the death. Do not enter the mode of dying, such as cardiac or reshock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) DE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. ARTCLI DC Lero Fic Cardio Vascular												Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. TRUCAS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
		0.										
MEDICAL	PART II. Other significant condition	s contributing to	death but not	reaulting	in the und	erlying	ceuse given in	Part I,	24a. WAS AN PERFOR 1 YES 2	MED?	24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	NW				26. PL	ACE OF DEATH (Ch	eck only on	9)			
Sign	EXAMINER?	Prinpetient 2	ER/Outpatient	DOA	OTHER: 4X Nursin	ng Home	5 Raaldenca	8 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIM	E OF 2		JRY AT RK? ES 2 NO	28d. DEŞ	CRIBE HOW II	NJURY OC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	INJURY — At he itc. (Specify)	ome, ferm,	street, fector	y, oHlca			ATION (Street a or Town, State)	and Number	or Rural I	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the besis of ex										e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CONTIFIES	-	- MC)			29c. LICENSE NUN	MBER 7		29d. DAT	E SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WH DEBLA S WELL	O COMPLETED CAUS	nro	M 27) (Type	Print) -434	L	J. Belv.	eder	e Aix	,	Bik	to. 17d 21215
6	31. DATE FUEL MONTE 2 8 1994	32 ARGISTA	MIS SIGNATURE	ndell						,		

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BALTIMORE MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) LENA	F	LAM				6 199	3. TIME OF DEATH 4 8:35 A.			
	4. SOCIAL SECURITY NUMBER 220-14-9574	1 🗆 M 2 🖫 F		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) Feb. 21,		BIRTHPLACE (State or Foreign Country) Md.			
стов	9a. FACILITY NAME (If not institution, give a 1827 Yakona Rd.	treet and number)	9		OWSON	EATN	9c. COUNTY Bal	of DEATH timore			
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. Balt	imore		TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO				
FUNERAL	10s. STREET AND NUMBER		10.		ZIP CODE			OF WHAT COUNTRY?			
BY FUNE	1827 Yakona Rd. 11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO								
ETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of world	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							
once.	12 17. FATNER'S NAME (First, Middle, Lest)		Key Punc	h Opera	x Corp	•					
TO BE	William Russell 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street a		Unknown		de)			
9	William E. Lam 200. METNOD OF DISPOSITION	OATE 20c. LOCATION — City or Town, State									
Iner must	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURI OF TUNETRAL SERVICE LICE	oval from Stata cem	PLACEAND DATE OF I etery, crematory or other 11top Ser	vice Co		6/ 2791	Towso				
sdical examiner	23. PART I. Enter the diseases, or o	Della State of the Company	the death De se	1050 3	York Rd.	neral Hom	d.2120	4			
rent, the m	ahock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach iina.			Pelis		Approximate Interval Baty Onset and D			
or other traumatic	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in dasth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
vs any inju EDICAL	PART II. Other significant condition	s contributing to death b	ut not resulting in	the undarlying	cause given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?			
2 ≥	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO			1 TES 2 NO			
Item SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 20 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	ACE OF DEATH (Ch	8 Other (Specify)					
₹ .	27. MANNER OF OEATH Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
8 is	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,					
VT: If Item OMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
POR	29b. SIGNATURE AND ATTLE OF GERTIFIER	and P. Co.	then.	ND	29c. LICENSE NUN 0 195			IGNEO (Month, Day, Year)			
TO	30. NAME AND ADDRESS OF PERSON WN Edward P. Costlov	v M.D. 10 G	Gerard St.		rville, 1	Md. 21093					
	JUN 2 8 1994	2. REGISTHAM SIGN									

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH UN 23AY 1994 YEAR 3. TIME OF DEATH 7:15 pm JOSEPH LUDDY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 X M 2 - F 93 705-05-4890 YRS. 1901 Feb. 18, Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and numb 96. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Baltimore Saint Joseph Hospital Towson, Maryland RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland
100. STREET AND NUMBER Baltimore Towson 1 - YES 2 X NO retained by the hospital or attending physician. 5 should be detached for use as the burlal-transit permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 813 Boyce Avenue 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Never Merried 4 Divorced If yes, specify Cuben, Mexican, Puerto Rican, etc.) Specify: white YES 2X NO Specify: BY 16a. DECEDENT'S USUAL OCCUPATION

(Che kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) years Comptroller B & O Railroad once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 William Luddv Elizabeth BE Lyston page 5 should notified 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dr. Ruth Luddy Toro 813 Boyce Avenue Towson, Maryland 21204 e 9 20e METNOD OF DISPOSITION
1 A Burtel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Page 6 may 20c. LOCATION — City or Town, State DATE must funeral director, Dulaney Valley Memorial Gardens 4 Donation 5 Other (Specify) 6-27 Timonium, Maryland 21. SIGNATURE OF FUNERAL SERVICE DICENSEE examiner 22. NAME AND ADDRESS OF FACILITY George J. Ferrarse after death. Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 2121 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, filled in by I Approximata ahock, or heert failure. Liet only one ceuse on eech line Interval Between cremation, or Onset and Death IMMEDIATE CAUSE (Finel the diseese or condition resulting in death) . RESPIRATORY FAILURE completely 1 week event, DUE TO (OR AS A CONSEQUENCE OF) and corr L DUE TO PULMONARY FIBROSIS traumatic CERTIFICATION 4 years Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 If any, leading to immediate cause. Enter UNDERLYING physician phor CAUSE (Disease or Injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initieted evente resulting in deeth) LAST attending 6 the atten injury, PART II, Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and t PERFORMED? AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE signed 1 Health a 1 - YES 2 1 NO 1 - YES 2 NO 10 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES has b. Dept. NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Che Item certificate I HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Nome 5 🗆 Residence 8 Other (Specify) 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending investigation 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 8 Could not be DIRECTOR: / 28 4 Homicide Item 8 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. FUNERAL I 32 2 __ MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITE
TO THE FUNERA
DE filed within 7
IMPORTANT: 1 296. SIGNATURE AND TITLE OF CERTIFIER. 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE -23 Plm D12849 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. HAMID GHILADI M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

31. DATE FILED (Month, Day, Year)
JUN 2 8 1994

32. REGISTRAR'S SIGNATURE Julia Davidson

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_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		REGISTRAR			CERTIF	ICALE	JF D	PEATH	REG. NO)				
		1. DECEOENT'S NAME (First, Middle, Last) Catherine Marie							June 23,	PY 00 1	YEAR 10:12 A. M			
		4. SOCIAL SECURITY NUMBER	I 5. SEX	8 AGE (In	yrs. lest birthday)	IF UNDER 1 Y	FAID 65	F UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
79		215-09-5554	1 🗆 M 2 🔀 F	76	YRS.		24 - 0 2 14 - 1							
3 should	_	9s. FACILITY NAME (If not institution, give						LOCATION OF DE		9c. COUNTY OF DEATH				
1, 2, 3	CTOR	Franklin Square	Hospital			Ros	svil	Te		Baltimore County				
	E III I	10a, STATE 10b, COUNT				Y, TOWN OR L		4		10d. INSIE				
permit. Pages	L DIR	Maryland Balt	imore Cou	inty	Ba	altimo					1 TYES 2 NO			
sut per	FUNERAL	118 West Elm Ave	nue					206		U.S.A.				
020 physician. burial-transit	NS	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1			13. WAS	DECEND	DENT OF NISPAN	IIC ORIGIN? (Specify You		14. RACE — American Indian, Black, White, atc.			
	BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V				YES 2				White			
r attending use as the	9	15. DECEDENT'S EDI (Specify only highest grad		1	16a. DECEDENT'S	work done during	PATION	of working	16b. KIND OF BI	JSINESS/INDU	JSTRY			
	Ē	Elementary/Secondary (0-12) 9th Grade	College (1-4 or 5	+)	He. Do NOT U	se retired.)			Montgon	erv W	arde			
YLAND by the hospital be detached to at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle, Maide	-	arus			
ज के क	اسا			Lip	pa				Hughes	our annay				
MARY retained by 5 should be notified at	10 B	19a. INFORMANT'S NAME (Type/Print) Mary G. Shinsky	_						Route Number, City or To					
	8	20a. METHOD OF DISPOSITION		20b. P			_				land 21206			
IMORE, Page 6 may be addrector, page		1X Burtal 2 Cremation 3 Ramoval from Stata 4 Oonation 5 Other (Specify) Cardens Of Faith Cemetery 6/25 Baltimore, Maryland												
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc.												
		Jattlier	- M. 12	ury	oky	641	5 Be	elair Ro	oad, Balti		Maryland 21206			
urs in the		23. PART I. Enler the diseases, or effock, or haart failure.	Complications that List only one cau	t ceused i	the doubh. Do i ch line	not enter the	mode				Intarval Between			
y fille		IMMEDIATE CAUSE (Final disease or condition	α	eu	te (yo	u	elia	1 cil	ret	Onset and Death			
d within omplete i, crem,		resulting in death)	DUE TO	OR AS A	ONSEQUENCE O	200	-	7-	-		(1)			
OX 68/ OX 68/ be executed sician and col rior to burial, traumatic e	NO	Sequentially list conditions,	b. OUE TO	(OR AS A C	CONSEQUENCE O	See	~	100	of a	110	0			
ste be o	CATI	cause. Enter UNDERLYING CAUSE (Disease or Injury												
certifica ling ph system other	CERTIFICATION													
death death ental Henderland			d											
and the way	EDICAL	PART ii. Other algnificent condition	ne contributing to	death but	t not resulting	in the under	rlying ca	ause given in	Part I. 24a, WAS A PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
S = S = E	EDI								1 TYES	2 NO	OF DEATH?			
Sho sho	N.										1 TYES 2 NO			
N: The law icate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE	E OF OEATH (Che	ack only one)					
ICIAN:	PHYSI	1 TYES 2 NO	1 Inpatient 2 28s. DATE OF		tlent 3 DOA	4 - Nursing	Home 5		6 Other (Specify) 28d. DESCRIBE NOW	IN HERV AGO	V250			
NG PHYSIC frer this ce sath with ti		1 Netural 5 Pending	(Month, D	Pay, Year)		JURY	WORK?		280. DESCRIBE NOW	INJURY OCCI	DHEO			
ENDING ENDING R: Afte er deaf	ED BY	3 Suicide 8 Could not be	28s. PLACE C building,	F INJURY - atc. (Specify	At home, ferm,	atreat, factory,	offica		281. LOCATION (Street City or Town, State	and Number o	or Rural Route Number,			
DIVISION OF VII A DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h hours after death with the State C Item 28 is marked, or item	ᇤ	4 Nomicide determined												
Z 72 F	COMPL	onel							to the cause(s) and m		d. cause(s) and menner as stated.			
TO THE HOSPITAL TO THE FUNERAL be filed within 72 ?	8	296. SIGNATURE AND TITLE OF CERTIFIE					_	9c. LICENSE NUM			SIGNEO (Month, Day, Year)			
TO THE be filed iMPOR	O BE		M	Lor	n						une 24, 1994			
	2	30. NAME AND ADDRESS OF PERSON W					1.4.4.		Appendict of the					
		Dr. Gracito Patr.	32 REGISTER	A'S SIGNAT	TOLC KC	au, B	altl.	more, M	aryland 2	1234				
		31. DATE FILED MONTE DOES 1994	grine De	widson	Andre									



filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wif hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC				YGIENE EG. NO.					
1. DECEDENT'S NAME (First, Middle, La Edward	W .	Ludwig			June 2	eath 3, 1 994	YEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 169-05-8192 99. FACILITY NAME (If not institution, gir	1 □ M 2 □ F 82	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D		, 1911	Count	nsylvania			
3908 Woodlea Av	enue			ore City			N/A	DEATH			
Maryland N/	****		imore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
3908 Woodlea Av	enue		1	21206			.S.A	PF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	if yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Speci	en, Puerto Rican		Blec	E — American Indian, k, White, etc. //y: Lte			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use of Electrica	k done during rr etired.)	neer	Bal	timore Maiden Surneme)	Gas	& Electric			
Edward Wright L	udwig	19b. MAILING AI	DRESS (Street	Mamie	E. Stef		in Codel				
Alice Bell Ludw		3908 W	oodlea	Avenue,	Baltin	ore, Ma	ryla				
1 Burial 2 Cremation 3 R 4 Donetion 5 N Other (Specify)	Entombment 1	20b. PLACE AND DATE OF Semelery, cremetory or other Parkwood CE			6/27	Baltim		Maryland			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE ALLE	1.	John	C. Mille Belair R	r, Inc.	ltimore	. Mai	ryland 2120			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								Onset and Dae years years			
PART II. Other significant condit	tiona contributing to death	n but not reaulting in	tha underlyin	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	248	D. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)						
1 YES 2 NO	1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yee	Y 28b. TIME (OF 28c. IN	JURY AT ORK?		eily) E HOW INJURY O	CCURED				
27. MANNER OF DEATH 1 Natural 5 Pending			Accident Could not be determined 2es. PLACE OF INJURY — At home, farm, street, factory, office 2es. LOCATION (Street and Number or Rural Roundling, etc. (Specify)								
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF INJU	IRY — At home, farm, stre			28f. LOCATION City or Tov	I (Street and Numbern, State)	er or Rurai	Route Number,			
1 Natural 5 Pending Investigation Suicide 28e. PLACE OF INJU	owledge, death occurred	et, factory, offi	e and place, and du	City or Tov	end manner se st	ated.					
1 Natural 5 Pending Investigation Suicide 28e. PLACE OF INJU- building, etc. (S IVSICIAN: To like best of my kn INNER: On the basis of exemins FIER WHO COMPLETED CAUSE OF	owledge, death occurred tion prime investigation,	at the time, dat	e end place, end du death occured at the	city or Tow	end manner ee st place, end due to	ated. the cause(TE SIGNED June	e) end manner se stated. D (Month, Day, Year) 24 , 1994				



JWR Item9a 6-28-94 FilmG712 W.H.Per F/H

ITEMS: 28a-f. PER MEO FILM G-714 8/17/94 t.t.

94 18764

Pages 1, 2, 3 should permit. funeral director, page 5 should be detached for use as the burial-transit urs after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760, this certificate has been a with the State Dept. of I HOSPITAL OR ATTENDING PHYSICIAN: . DIRECTOR: After the hours after death v

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH CHARLES LYNCH, Jr. В. JUNE 25 1994 3:15 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH DEC. 1, 1966 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-94-4901 MONTHS DAYS HOURS Maryland 1 X M 2 | F YRS 27 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3917 PASCAL STREER DIRECTOR N/A BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore City 1 🔀 YES 2 🗌 NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3917 Pascal Avenue, U.S.A. 21226 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No - RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 12th Grade College (1-4 or 5+) Carpet Installer D.B.M. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Charles B. Lynch, Sr. Rebecca Mullins BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rebecca Hart 406 Walcott Road, Baltimore, Maryland 21206 90 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Parkwood Cemetery 6/28 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 medical Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart fellure. List only one cause on each life. 23. PART I Interval Between IMMEDIATE CAUSE (Final Onset and Death the the disease or condition resulting in death) A CONSEQUENCE OF) event. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 T NO YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ing Home 5 - Residence 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 1 YES 2 NO 6/25/94 UNKNOWN SUBJECT SHOT BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3917 PASCAL AVE. APT. 2 3 Suicide
Homicide 90 COMPLETED 8 Could not be 28 HOUSE BALTIMORE CITY ltem men 29e. CERTIFIER 1 Q CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 MINIMARY IN 18 18 (Check only one) MEDICAL EXAMINER: On the besic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME JUNE 25, 1994 u 2 M.D. 111 Penn Street, Baltimore, Maryland 21201 THE DESIGNATION OF WALL

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an object of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)							T	2. DATE OF DEATN	DAY	WEAT	3. TIME OF DEATH		
	· · · · · · · · · · · · · · · · · · ·		Robert	Miceli						MONTH -	25 -	94	11:00 A M		
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign		
	095-18-29		t 📉 M 2 🗆 F	69	YRS.	3/19/1925 New York									
œ	9e. FACILITY NAME (If not in		reet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	G.B.M.C														
Ä	10e. STATE	10b. COUNTY				Y, TOWN							10d. INSIDE CITY LIMITS?		
	Md.	-An:	ne Arun	del	G:	len	Bur	nie					1 TES 2 NO		
RAL	1205 Bra	nah I	200				101	ZIP COO			10g. Cl		HAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	nen i		FUED IN U.C. AD		-			061			USA			
	1 Never Married 2 💢	Married	12. WAS DECEDENT FORCES? 1.		IO MED		If yes, sp	ecify Cubs	n, Mexicen,	C ORIGIN? (Specify ' Puerlo Ricen, atc.)	es or No—	Black	— American Indian, White, etc.		
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES t YES 2 A NO Specify:											Specifi	w White			
									DUSTRY						
COMPLETED	Elementary/Secondery (0	-t2)	College (1-4 or 5+	Mec.	han i	cal	La	b Te	ech.	West	ingh	ouse			
17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, M										E (First, Middle, Maid	n Surneme)				
Caterina Fumefreddo															
6	Shirley			- 1						oute Number, City or To					
	20e. METNOD OF DISPOSITI		Τ						ine (. 21061		
20e, METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal trom State 4 Donetion 5 Other (Specify) Carried To August 1 Control of the Con										6/30 Baltimore, Md.					
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		11				SS OF FACI			- F D)unda 1 k		
	Colt Conselly Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd. Dundalk 2122										undalk 1k 21222				
	23. PART I. Enter the di shock, pr he	seases, or c	omplications thet List only one csu:	ceused the de se on each line	ath Ob n	ot anter	the mo	de of dyl	ng, such	ea cerdlec or res	piratory a	rrest,	Approximate interval Between		
ŀ	iMMEDIATE CAUSE (Findiseese or condition		76 -	- 200				25					Onaet and Death		
	disease or condition resulting in death) s. ALVIE RENAL FAILURE DUE TO (OR AS A CONSEDUENCE OF): PNEUMONIA Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):														
z	Date a.t. A														
ST	Sequentially list condition if any, leading to immediate	liste											-		
5	Cause. Enter UNDERLY! CAUSE (Disease or injuthet initieted evente	ry	CIR!	OR AS A CONSEC	DUENCE OF	n:							Jyrs		
CERTIFICATION	resulting in death) LAS		ISCHE	Enic (173	DION	n40	PAT	174				10 415		
	PART II. Other significe	nt condition	e contributing to	death but not a	autilee i	in the	ed a el al es		-l t- D		N AUTOPSY				
EDICAL			HEPATIT		seciting i	in the or	iomriyini	t cense (jiven in P	PERF	ORMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ED I										_ t □ YES	2 100		OF DEATH?		
N.	DID TOBACC	O USE	CONTRIBUTE	TO CAU	SE OF	DEA	TH Y	YES IC	NO				1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				26. Pl		EATN (Chec	k only one)					
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2 [e 5 □ Re	sidence 6	☐ Other (Specify)					
ВУ РН		Pending Investigation	28e. DATE OF (Month, Da		28b. TIMI	E OF URY M		URY AT RK? (ES 2 [28d. DEŞCRIBE HOV	INJURY O	CCURED			
- 1	3 Suicide 6	Could not be setermined	26e. PLACE Of building,	FINJURY — At horate. (Specify)	me, ferm, a	street, fact	lory, offic			281. LOCATION (Stree City or Town, Ste	t end Numb	er or Rural R	oute Number,		
PLE	29e. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best of	my knowledge, de	ith occurre	d at the t	Ime, date	end piece.	end due to	the ceusefa) and m	enner es et	eted.			
COMPLETED													end menner es stated,		
BE	29b. SIGNATURE AND TITLE	OF CERTIFIEF	2	~ ~				29c. LICE	NSE NUME	83 Z	29d. DA	TE SIGNED	(Month, Day, Year)		
유	30. NAME AND ADDRESS OF	PERSON WN	COMPLETED CAUS	E OF OEATH (ITER	1 27) (Type,	Print)			- 0	30 -	1 (0/2	117		
	6BMC	1,70	1 N.C	HARLE	5 5	T.	3/	tu,	mois	2E 2	204	/			
	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) GBMC 6701 N. CHARLES ST. BALT, MORE 21704 31. DATE FILED (Month, Day, Year) 32. RESISTRAR'S SIGNATURE 32. RESISTRAR'S SIGNATURE 34. RESISTRAR'S SIGNATURE 35. RESISTRAR'S SIGNATURE 36. RESISTRAR'S SIGNATURE 37. RESISTRAR'S SIGNATURE 38. RESISTRAR'S SIGNATURE 39. RESISTRAR'S SIGNATURE 31. DATE FILED (MONTH, Day, Year)														

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Approximate Interval Between **Onset and Death**

24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

6:30 a. m

REG. NO.

		1. DECEOENT'S NAME (First,	Middle, Last)									OF OEATH		7547	3. TIME OF OEATH
	- 1	Frances W	ilke	Miller							June	26,	1994	YEAR	6:30 a.
_		4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In	yrs. last	-	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE (OF BIRTH		8. BIRTI	IPLACE (State or Foreign
		216-36-803	5	1 🗌 M 2 🔯 F	52		YRS.	MONTHS D	AYS H	IOURS MIN.	Aug.	3, 19	941	Mar	yland
3 should		9a. FACILITY NAME (If not ins	stitution, give str	reet and number)				9b. CITY, TO	WN OR I	LOCATION OF D		-	9c. COUN	ITY OF D	EATH
2,	DIRECTOR	4807 Bowla		nue		_		Balt	imo	re				-	
es 1	EC	10a. STATE	10b. COUNTY				10c. CITY	TOWN OR L	OCATION	N					10d. INSIDE CITY
2	듬	Maryland					Ba1	timor	e						LIMITS?
E		10a. STREET AND NUMBER					241			IP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
nsit p	FUNERAL	4807 Bowla	nd Ave	nue					2	1206			U.S	S.A.	
O Sician ial-tra	S	11. MARITAL STATUS	T	12. WAS DECEDEN					DECEN	DENT OF HISPAI			or No-	14. RACI	E — American Indian,
; MARYLAND 21215-0020 be retained by the hospital or attending physician, ge 5 should be detached for use as the bunal-transit permit. Pages 1, e notified at once.	ВУ	1 Never Married 2 🔀 I 3 Wildowed 4 Divon		FORCES? 1			0			fy Cuban, Maxica NO Specif		ican, etc.)		Spec	k, White, atc. "" White
215- attendir rse as th		15. OECE	DENT'S EDUC	ATION		16a. DEC	CEOENT'S I	SUAL OCCU	IPATION		165	KIND OF BUS	INECC/IND	HETT	WIIIte
or at	COMPLETED	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		(Giv		ork done duri		of working	166.	KIND OF BUS	INE35/IND	USTHT	
D spital	7	N/A	12)	N/A	''	Hor	nemak	er				wn Ho	me		
the hose detach	0	17. FATHER'S NAME (First, Mic	ddle, Last)						10	8. MOTHER'S NA	ME (First, M	liddle, Maiden	Sumame)	_	
MARYLAND 21 retained by the hospital or 5 should be detached for unotified at once.	ш	Robert Lac	у МсМи	ıllen						Fannie	Mari	le Cla	rk		
MAR retained 5 should notified	9 8	19a. INFORMANT'S NAME (7)				19b	MAILING	ADDRESS (S	treet and	Number or Rural	Route Numb	er, City or Town	n, State, Zip	Code)	
, M be ret	5	Robert E.	Miller	Sr. (Hu	ısban	d)	4807	Bow1	and	Avenue	, Ba	ltimo	re, M	ſd.	21206
W ~ @ D		20a. METHOD OF OISPOSITIO		wai from State				FDISPOSITIO	N (Name	of	DATE	20c. LO	CATION —	City or To	rwn, Stata
MORI ge 6 ma lirector, p		4 Donation 6 Other	(Specify)		_ 0	ak I	awn	Cemet	ery		6/3	0 B	altim	ore	Maryland
ALTIM		21. SIGNATURE OF FUNERAL	. SERVICE LICI	ENSEE						ADDRESS OF FA		11	- Т.	_	
4 0 0		* 1111h	4/							unek Fu Brehms					d. 21213
B after to the property of the		23. PART I. Enter the dis	seases, or co	omplications the	t caused	the dec	th. Do no	ot enter the	mode	of dying, auc	h as card	lec or reapl	ratory arm	eat,	Approximate
shock, Dr heart feliure. List Dnly Dne cause on each line.										- /		Interval Between			
age -	- 1	disease or condition resulting in death)	→ .	Se i	201	e	10	ona	est	ing 1	ear	tto	cilu	2	
ted with completely ial, cremati	H	,		DUE TO	(OR AS A	CONSEO	UENCE OF	:		4		11			
ceecuted with and complete o burial, crerematic even	N N	Sequentially list condition	ona b	Ische	MIC	_ ((mye	sur	CU	erd101	nyo	path	\sim		
	CERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN	liate			CONSEO	DENCE OF	DOD.	0 0		()				
Phy Deby	음	CAUSE (Disease or injur			(OR AS A		6								
beath certificate attending attending y, or oth	E	resulting in death) LAST	11					•							İ
S, P, death e attender Hental H	빙		-	*											+
O 플 트를 프	MEDICAL	PART II. Other significer	nt conditions	contributing to	deeth bu	t not re	sulting in	the under	rlying c	euse given in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
RECOR requires that een signed by of Health an	8											1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
REC requires seen sign shows	_														1 _ YES 2 _ NO
law law bept.	Ä	DID TOBACCO		CONTRIBUT	E TO	CAU	SE OF								
F 8 8 5	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 ANO	MEDICAL	HOSPITAL:	_			OTHER:		E OF DEATH (Ch					
F VIT. SICIAN: Th certificate the State I, or iten	₹	27. MANNER OF DEATH		1 Inpatient 2	4	tient 3	28b. TIME		Home	5 Apaldenca			. HIPV 000		
O 등 등 등		Natural 5 P	Pending	(Month, D			INJU	RY	WORK	2 NO		CRIBE HOW II	and the	UHED	
ON VDING After death	ВУ	2 Codeldo	nveatigation	28a. PLACE O	F INJURY -	— At hon	ne, farm, st					TION (Street a	and Number	or Rural I	Soute Number
TIS after after after 28	TED		Could not be letermined	building,	atc. (Specif	(y)						r Town, State)			,
DOIN DIR	9 1	29a. CERTIFIER CERTIFIER	FYING PHYSIC	IAN: To the best of	my knowle	dae des	th occurre	t at the time	data an	d alone and due	do dha assa	-61 4 61			
국 국 R 등	COMPLET) and manner as stated.
TO THE HOSPIT TO THE FUNER Be filed within 7		296. SIGNATURE AND TITLE					-								
HE HE BE	B	Ludor	P	reys.	2	1			1	9c. LICENSE NUI	MBEH G		29d. DATE	SIGNED	(Month, Day, Year)
U 558₹	2	NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEAT	TH (ITEM	27) (Type.	Print)	1+	2-10-1	- 0		- 6	/ -	177
W		Dr. Stanley							ls D	r., Sui	ite 41	Owi 00 21	ngs 1	Mill	s, Md.
		31. DATE FILED (Month, Day, M. JUN 2 8		32. BEGISTRA			-			2., 541	-71	21	11/		
		JUN 2 8	1994	gune.	verydo	~-4	notebl								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

dêtan Ka

VEAR

Baltimore

U. S. A.

Specify:

14. RACE — American Indian, Black, White, atc.

994

3. TIME OF DEATH

Maryland

10d. INSIDE CITY

1 TYES 2 NO

White

8. BIRTHPLACE (State or Foreign

BALTIMORE, MARYLAND 21215-0020	e hospital or attending physician.
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Σ	Page 6 may be re
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O. BOX 68760,	execut
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Pages 1, 2, 3

permit.

for use as the burial-transit

detached

funeral director, page 5 should be

filled in by the f

ö

cremation.

BE 5 4 Homicide

(Check only one)

29b. SIGNATURE AND TITLE OF CERTIFIES

determined

.AND 21215-0020

the	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	other tr	0	Injury,	s any	shows	23	Item	0.	marked	90	28	Her	=	TANT	5
atio.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	giene pric	al Hy	d Ment	alth an	of He	Dept	State	the	ath with	er de	s aft	hour	2	thin	×
y fil	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	ng physic	tendir	the at	ined by	een sig	as b	cate	Sertif	ter this	R. Al	8	DIR	\$)NEF	4
J	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	ertificate	th ce	the dea	s that	require	I BW	N: The	ICIA	4G PHYS	Q	ATT	- OR	M	OSP	I
•	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	O. BC	٣.	DS,	ğ	REC	7	Ė	> L	ō Z	0	8				

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1090 June 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. July21, 1902 91 HOURS 213-20-2141 1 M 2 K F 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Medical Center Randallstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore Randallstown FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3702 Brentford Road 21133 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) IF YES. GIVE WAR OR DATES YES 2 NO BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8 Department Store Clerk 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First Middle Maiden Surname) ĕ Pasquale Maggio BE Giovanna Guercio notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anthony Marino 3702 Brentford Road 99 20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of DATE must 1 XBurial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) Holy Recember Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY michael 3981Carrollton Road Upperco, Maryland 21155 medical 23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or reapiratory arrast, shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Finel the disease or condition resulting in death) UM OWN event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, Hygiene pri DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events reaulting in death) LAST 0 PART/II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TES 2 NO diabetes mellitus NON Actor Chie PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: **EXAMINER?** OTHER 1 YES 2 NO 1 Department 2 ER/Outpatient 3 DOA ng Home 5 - Realdence 6 - Other (Specily) 0 27. MANNER OF DEATH 28a. DATE OF INJURY with t marked, 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED "Natural 5 Pending Investigation 1 YES 2 NO . DIRECTOR: After the hours after death v BY 2 Accident 28s. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 3 Suicide 6 Could not be COMPLETED

LETED CAUSE OF DEATH (ITEM 27) (Type, Prin

DEGISTRAR'S SIGNATURE

Randallstown Maryland21133 20c. LOCATION - City or Town, Stata Baltimore, Maryland Marzullo Funeral Service Approximats Intarvai Batween **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) PC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	confliction has been signed by the attending physican and companies for the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in medical examiner must be notified at once.
LINESION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPHAN, AN ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FLIMERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the standard physician and completely filled in by the standard physician price by the standard physician	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

_	ricalottizati	OLITTI	ICAIL O	FUEATH	HEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	4.77			2. DATE OF DEATH		3. TIME OF DEATH			
	Walter Scguchardt Mi	ller			June 24					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF BIRTH	a pic	TTHPLACE (State or Foreign			
	216-07-2387 INM2DF	75 YRS.	MONTHS DAY	HOURS MIN.	April28	1010	Maryland			
- 1	9a. FACILITY NAME (If not institution, give street and number)		95 CITY TOW	N OR LOCATION OF DI		9c. COUNTY OF				
Œ	250					Sc. COUNTY OF	DEATH			
2	Maridian Homewood N. H.		Bal	to. Ci	t <u>y</u>					
DIRECTOR	10s. STATE 10s. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
E	Maryland	В	alto.	City			LIMITS?			
3	10e. STREET AND NUMBER			10f. ZIP CODE			1 □X YES 2 □ NO			
A	12 Hadley Square Nort	h		2121	ρ		F WHAT COUNTRY?			
빌							. J . N .			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER FORCES? 1 YES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, atc.						
≿	3 Wildowed 4 Divorced	DATES		ES 2 X NO Specif			pecify:			
						W	hite			
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S (Give kind of	work done during	TION most of working	16b, KIND OF BUS	SINESS/INDUSTRY				
iy	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u				-	ĺ			
를	12	Accour	ntant		Jenki	ns Co.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE (Walter W. Miller			Anna	a D. Scu	chardt				
	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zip Code)				
2	Marv Elizabeth Miller	1	Sa	me as 10) E					
	20a. METHOD OF DISPOSITION 20	b. PLACE AND DATE				CATION — City or	Town State			
	1 Donation 5 Other (Specify)	etery, crematory or o	ther place)	amatary	6/28/94B	rantwo	od . Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	U. LIII	22. NAME	AND ADDRESS OF FA	CILITY		ou , mu.			
	V 1.180 1111. 1/		Le	onard J.	Ruck , I	nc.				
	Donald C Schafe Je				d Rd. 2					
	23. PART I. Enter the diseases, or complications that cause	d the death. Do	not antar tha	noda of dying, suc	h as cardiac or respi	ratory arrest,	Approximate			
	shock, or heart fallure. List only one cause on	aach lina.					Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	المحسومة	1 1000	wantika O	men		Onset and Death			
	resulting in death) a. 7,000 As	JOHN POLITAINE	21 11170	1017 30						
	A L	- CONSEQUENCE O	r); 							
CERTIFICATION	Sequantially list conditions,	S COMPE	heor	LC CILBRAN	ξ					
F		Sequentiary list conditions, the total properties of t								
5	CAUSE (Disease or injury	A CONSEQUENCE O								
Ē							i I			
與	d. Gener	nero paro	now /	Accirlan +	-					
	PART II. Other significant conditions contributing to death	but not resulting	in the underly	ing cause given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
EDICAL	Demonhai Performed? MALABLE									
<u> </u>	OF DEATH?									
Σ	Interes decabiton clear of the Total									
z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)									
S	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DEATH YES SE PLACE OF DEATH YES NO DEATH YES SE PLACE OF DEATH (Chock only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 1 Inpation 2 En/Outpatiant 3 DOA OTHER: 26. PLACE OF DEATH (Chock only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH YES NO DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one) 28. PLACE OF DEATH (Chock only one)						NJURY OCCURED				
	1 Natural 5 Pending	YES 2 NO			1					
ВУ	3 Suicide 28e. PLACE OF INJUR	fica	281. LOCATION (Street a	and Number or Run	al Route Number					
쁘	4 Homicide determined building, etc. (Spe	ocify)			City or Town, State)					
	29a. CERTIFIER									
를	(Check only 1 P CERTIFYING PHYSICIAN: To the best of my know									
COMPLETED	2 MEDICAL EXAMINER: On the beals of examinate	on and/or investigation	n, in my opinior	, death occured at the	time, data and place, an	d dua to the caus	e(s) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	WBER	29d. DATE SIGN	ED (Month, Day, Year)			
	Neo			D364	194	1 6/4	794			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	ATH (ITEM 27) (Type	Print)							
	Desai M.D. 466	0 Will	cens A	Ve.	21227					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN		CONS A							
	1111 0 0 1001 A.C. K.	. 30 4	-				- 1			
	11 10 C 1 100 C 1 100 C 1									

1.

3. TIME OF DEATH

9:25 A.

10d. INSIDE CITY

XX YES 2 NO

8. BIRTHPLACE (State or Foreign

MARYLAND

Approximata Interval Betw **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Ybar)

06-24-94

11-25-10

permit. Pages 1, 2, 3 should

DIRECTOR

ERAL

1 - STATE REGISTRAR

10a. STATE

MARYLAND

10e. STREET AND NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

215-30-2674

RESIDENCE OF DECEDENT

2095

9e. FACILITY NAME (If not institution, give street end number)

ALICE MANOR NURSING HOME

ROCKROSE

4. SOCIAL SECURITY NUMBER

AMANDA

1 - M 2XX

5. SEX

E.

83

AVENUE

6. AGE (In yrs. last birthday)

RECORDS, P.O. BOX 68760,

DIVISION DE VITA	Ź	No.	ğ	Hem
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S	DING	After	death	E III
n	TTEN	CTOR:	after	28 1
2	OR A	DIRE	hours	Hem
	M	A	2	No.
	TO THE HOSPITAL OR ATTENDING MISSIAN	FUNEF	be filed within 72 hours after death with The series	IMPORTANT: If Item 28 is marked, or Item
	표	王	Fled	POR
	2	2	8	Ξ

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Wildowed 4 Divorced	IF YES, GIVE WAR OR D	N U.S. ARMED XXNO ATES	If yes, specify Cuben, Mexic 1 YES NO Spec		can, etc.)	4. RACE — American Indian, Black, White, atc. Specify: WHITE
		(Give kind of work do life. Do NOT use retire	ne during most of working d.)	16b, 8	OWN HO	
17. FATHER'S NAME (First, Middle, Last) CARRO	L W. T	HURLOW			M • HUGH	ES
19e. INFORMANT'S NAME (Type/Print) CAROL M.JACKSO!	N (DAUGH.)					
4 Donation 6 Other (Specify)	oval from State	netery, crematory or other pla	ce)	одте 6-28	20c. LOCATION — CO	hty or Town, State , MD . 21228
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		HENRY I	N. JE		SONS E,MD.21212
	List only one cause on e	ach line.				Interval Betw
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			entic (a	D.	eccue	V
	da contributing to death b	out not resulting in the	underlying cause given in		PERFORMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION DF CAU OF DEATH?
						1 TYES 2 NO
EXAMINER?						
27. MANNER OF DEATH XX Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO			JREO
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, street, cf(y)	factory, office			r Rural Route Number,
	Security only highest grade	17. FATHER'S NAME (First, Middle, Last) CARROL W. T. 19e. INFORMANT'S NAME (Type/Print) CAROL M. JACKSON (DAUGH.) 20e. METHOD OF DISPOSITION A Buriet 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) THURLOW	Specify only highest grade completed Elementary/Secondary (9-12) College (1-4 or 5 +) College (1-4 or 5 +) THURLOW Sepecial point highest grade completed Part College (1-4 or 5 +) College (1-4 or 5 +) TO NOT use relief and the point of the	College (1-d or 5+) College (1-d or 5+)	

29d. DATE SIGNED (Month, Day, Year)

06-25-94

5 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RAMESH SABAPATHI M.D., 3400 ERDMAN AVENUE, BALTIMORE, MD. 21213

29c. LICENSE NUMBER

1)3064

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS

HOURS

BALTIMORE CITY

BALTIMORE CITY

21211

10f. ZIP CODE

9b. CITY, TOWN OR LOCATION OF DEATH

DAYE

MARINO

YRS.

31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

29b. SIGNATURE AND TITLE OF CERTIFIER

JUN 2 8 1904

DHMH-16 Rev 1/89

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21215-0020

DIVISION OF VITAL RECORDS, P.O. BO

I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	1 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT If item 28 is marked or Item 23 shows any Injury, or other traumatic event, the medical examiner must he entitled at once
HOSPITAL OI	FUNERAL DIS	within 72 hox	TANT If its
王	H	filed	POF

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) LILLIAN O		MITTLE		DEATT	2. DATE OF DEATH MONTH 24,	1994 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (III	n yrs. lest birthday)	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 6/8/1904	B. BIRT	HPLACE (State or Foreign
5	99. FACILITY NAME (If not institution, give street NORTHWEST HOSPITAL			RANDALI	STOWN	EATH	9c. COUNTY OF I	
DINECIO	106. STATE 10b. COUNTY MARYLAND			TOWN OR LOCAT	ON			10d, INSIDE CITY LIMITS? 1√ YES 2 NO
7	100. STREET AND NUMBER 3601 FORDS LA., AF	PT. 702 - H	AR SINAI		ZIP CODE 21215		10g. CITIZEN OF USA	WHAT COUNTRY?
DT FUNER	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yea, spe		HIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No — 14, RAC Blac WH	E — American Indian, ck, White, etc.
OMPLEIEU	15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the							
	17. FATHER'S NAME (First, Middle, Last) MAX LEVY				18. MOTHER'S NA TEMA	ME (First, Middle, Maiden REYA ANU	Sumame) JSH	
2	190. INFORMANT'S NAME (Type/Print) MRS RITA T. WERTHAN	MER		DDRESS (Stroot a		Route Number, City or Town		208
	20a. METHOD OF DISPOSITION 1 Surtal 2 Cremation 3 N Removal 4 Donation 5 Other (Specify) 1. SIGNATURE OF FURERAL SERVICE LICENS	from State come	PLACE AND DATE OF EMPLE ISE	KAEL	6-	27-94 FC	CATION — City or TORTY FORT	
	· Jay allay	Lewis		6010 F		OWN RD. BA	VC. ALTO., MI	21215
	23. PART 1. Inter the diseases, or complete the control of the con	DUE TO (OR AS A	ich iina.	- /N/ -620S	MCS.		oV313B	Approximate Intarval Between Onset and Death
MEDIONE O	PART II. Other significant conditions co	ontributing to death bu	at not resulting in	the underlying	cauae given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAIN.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DEATH YES NO DEATH YES NO DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
5	1 YES 2 1 NO 1 1 2 2 1 NO 1 1 2 2 1 NO 1 1 2 NO 1 2 NO 1 NO 1	Inpetiant 2 DER/Outpa 26a. DATE OF INJURY (Month, Day, Year)		OF 28c, INJ	JRY AT	6 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCURED	
1	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide Estarminad	M 1 VES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)					Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O	N: To the best of my knowle						s) and manner sa stated.
2	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	M (ITEM 27) (Type, F	rint)	29c. LICENSE NUI	140	≥ 6/2	(Month, Day, Year)
	JAN SWSHME 31. DATE FILED (MORTH, Dex. Year) JUN 2 8 1994	32. AUGISTRAP'S SIGNA Julia Davids	TURE AND AND AND AND AND AND AND AND AND AND	nek A	IS AV	e, Bish	TNO	21715

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HEODORE

31. DATE FLUNON 2 0-8 1994

M.KING

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FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR	TMENT OF			MENT/	AL HYGIEN	E		
1. DECEDENT'S NAME (First,	, Middle, Last)								E OF DEATH		0.4	3. TIME OF OEATH
ANTHONY		D.		McMI	CHAEL			JUN	JE 1	8 1	994	9:08 A M
4. SOCIAL SECURITY NUMB 214-64-2451	BER	5. SEX	8. AGE (In y	rs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3/2/5/			6. BIRTH Count	OHIO
9a. FACILITY NAME (# not in	stitution give s		31	11101	9b. CITY, TOWN	ORLOCAT	TON OF D					
2902 W.C			NE		BALT			EAIN		9c. CO0	INTY OF O	EATH
RESIDENCE OF DEC	EDENT											
MD	10b. COUNT	Υ			Y, TOWN OR LOC LTIMORE						11	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						IOI. ZIP COD	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
2902 COLDS	PRING	LANE	APT. A	A		2121	15			U.	S.A.	
11. MARITAL STATUS 1 X Never Married 2 3 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO NO	If yes,		sn, Mexici	sn, Puerto	IN? (Specify Yes Rican, etc.)	or No—	14. RACI Black Spec AFR.	E American Indian, k, White, atc. thy: AMERICAN
15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION	16	s. DECEDENT'S	USUAL OCCUPA	TION	ina	16	b. KIND OF BU	SINESS/IN		
Elementary/Secondary (0		Coilege (1-4 or 5	+)	UNKN	se retired.)	nost or work	ing					
17. FATHER'S NAME (First, M.	iddle, Last)					18. MOT	THER'S NA	AME (First,	Middle, Maiden	Sumame)		
CLEO McMIC	HAEL					JI	JANI	TA M	CMICHAI	EL		
19s. INFORMANT'S NAME (T	ype/Print)			19b. MAILING	ADDRESS (Stree	t and Numbe	or Rural	Route Nur	nber, City or Tow	n, State, Zi	p Code)	
FRANCINA	McMICH	IAEL	/	2902	W. COLD	SPRIN	NG LA	ANE A	APT. A	BALT	O. M	D 21215
20s. METHOD OF DISPOSITI	ION I⊓ 3 ☐ Rem (Specify)	oval from State	20b. PL cemeter WE:	ACEAND DATE	TAR CEM	Name of	6,	/22/		CATION —	City or To	wn, Stats
21. SIGNATURE OF BUNERAL	me-	1/16	(A)		1300	EUTA	OTHEI AW PI	RS FI	UNERAL BALTO	MD	2121	7
23. PART I. Enter the dispect, or himmediate CAUSE (Findlesses or condition resulting in death) Sequentially liet condition if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injuthet initiated events resulting in death) LAS	ions, dilate	a. DUE TO	(OR AS A CO	Ilna.	AL FIBROS		ing, suc	ch aa ca	rdiec or reapi	ratory ar	reat,	Approximete Interval Between Onset and Death
PART II. Other algnifica									24a. WAS AN PERFOR 1 YES 2	MED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACC 25. WAS CASE REFERRED TO		CONTRIBUT	E TO C	CAUSE O		YES	フ _N					
EXAMINER? YES 2 NO	O MEOICAL	HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER:	PLACE OF E			,	-		
2 Accident	Pending Investigation	28s. DATE OF (Month, D	Pay, Year)		M 1	NJURY AT VORK?] YES 2 [□ NO		SCRIBE HOW I			
	Could not be determined	building,	atc. (Specify)	ni nome, ism, i	street, factory, of	ic8			CATION (Street of yor Town, State)	ind Numbe	r or Rural I	Houte Number,
		ICIAN: To the best of s										s) and manner as stated.
296. SIGNATURE AND TITLE Therefore 30. NAME AND ADDRESS OF	u n	1. Km	SE OF DEATH	n W.	0.40		. C . N	MBER M.E.				(Month, Day, Year) 18,1994

DHMH-16 Rsv 1/89

Penn Street, Baltimore, Maryland 21201

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BALTIMORE, MARYLANI	nous after death. Page 6 may be retained by the hos
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DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. D 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTME				GIENE G. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)		02		DEATH	2. DATE OF DE			3. TIME OF DEATH
Ŋ	Alton Parker Mcl	Fadden-III				JUNE	26	1994	6:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y		IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIE	TH	8. BIRTH	PLACE (State or Foreign
- 8	212-74-1055	1 ★ M 2 □ F 39	YRS. MONT	HS DAYS	HOURS MIN.	01 06	1955	MA	CYLAND
	9e. FACILITY NAME (If not institution, give s	treet end number)	96. 0	CITY, TOWN C	R LOCATION OF D	EATH	9c. C0	UNTY OF D	EATH
DIRECTOR	Union Memorial E	Hospital	В	altim	ore City				
Ä	10s. STATE 10b. COUNTY	f	10c. CITY, TOV	YN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MARYLAND			BALTI	IORE			- 1	1 X YES 2 NO
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. C	ITIZEN OF W	HAT COUNTRY?
崱	3915 ROLAND A	VENUE			21211			USA	
BY FUNERAL	11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES: IF YES, GIVE WAR OR DATE	2 XNO	If yes, spe	ENDENT OF HISPA ocity Cuben, Mexico 2 NO Specif	en, Puarto Ricen,		14. RACE Black Specif	— American Indian, White, atc.
	15. DECEDENT'S EDUC	CATION 14	Ba. DECEDENT'S USUA	OCCUBATION	10.1	465 KIND	OF BURNIESS III	I I	WHITE
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind of work do	one during mo	st of working	166. KIND	OF BUSINESS/II	NDUSTRY	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME /Einst Middle	Maidae Sumana		
	ALTON PARKER M	AcFADDEN. JR.				TY ELLI		,	
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street e				Zip Code)	
임	BETTY ELLIOTT MI	ILLER			AVENUE				ND 21211
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rame	oval from State compto	ACE AND DATE OF DIS	land		1	20c. LOCATION -		
- 1	4 Donation 5 Other (Specify)				D ADDRESS OF FA		MARRIOT	TSVIL	LE, MARYLAI
	· a. Glan	1 (()		A. AI	AN SEIT	Z, JR.			21211 MARYLAND
	23. PART i. Enter the diseases, or o	complications that caused the	na deeth. Do not ar						Approximate
	IMMEDIATE CAUSE (Final	List only one cause on each	i iina.						Interval Between Onset and Death
	disease or condition reaulting in desth)	END :	STAGE ONSEQUENCE OF):	AI	DS				9 HOURS
		DUE TO (OR AS A CO	ONSEQUENCE OF):			7-1			0 .,
8	Sequentially list conditions,	b							
Ě	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):						
5	CAUSE (Disease or injury that initiated events	C DUE TO (OR AS A CO	ONSEQUENCE OF:						
CERTIFICATION	reaulting in death) LAST								İ
빙		1							
A	PART II. Other aignificant condition		not reaulting in the	undarlying	cause givan in	Part i. 24a.	MAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
음	PCPPNE	AINOME				1 🗆	YES 2 MNO		COMPLETION OF CAUSE OF DEATH?
ME									1 - YES 2 - NO
ÿ	DID TOBACCO USE C	CONTRIBUTE TO C	AUSE OF DE	ATH Y	ES NC	N N			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	26. PL	ACE OF DEATH (C)	eck only one)			
PHYSICIAN: MEDIC	1 TYES 2 NO	1 Pinpetlant 2 ER/Outpetle	int 3 DOA 4 D	Nursing Hom	5 Residence				
풉	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		RK?	28d. OESCRIBE	HOW INJURY O	CCUREO	
À	2 Accident Investigation	26. DI ACE OF IN HIM	AAA - A A		ES 2 NO				
	3 Suicide 8 Could not be detarmined	26e. PLACE OF INJURY — building, atc. (Specify)	At nome, term, street,	factory, offici		City or Town	(Street and Numb 1, State)	er or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of my knowledg	ge, death occurred at t	he time, data	end place, end due	to the cause(s)	end manner as a	tated.	
S		R: On the basis of examination ar							end manner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				(Month, Day, Year)
BE	A hilas	- M.	\mathcal{L}	l) -	TIME	2 6 1994
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)					70145	2011119
	WASIF M AL 31. DATE FILED (Month, Day, Year)	AM, UNIC	N MER	rerin	r HOZ	PITAL	BAI	TIM	ORE, MD.
	JUN 2 8 1994	22. REGISTRAR'S SIGNATU	white						
- 4	9011 0 0 100 1	11							

BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physicia
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X 68760	executed within
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within entire hearth after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOS	TO THE FUN	be filed with	IMPORTAN	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2	. DATE OF DEATH		3. TIME OF DEATN
	GEORGE (NM	N) MICKI	,0			06 25	19	194 m
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	unuma lami	Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	177-05-4412 9a. FACILITY NAME (If not institution, give a	1 X M 2 □ F 80				07-28-19		PENNSYLVANIA
œ	6434 ST. PHIL				PR LOCATION OF DEAT	Н	9c. COUNTY	
5	RESIDENCE OF DECEDENT	LIPS KOAD		LINTHI	CUM		ANNE	ARUNDEL
DIRECTOR	10a. STATE 10b. COUNT			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
1		E ARUNDEL	LII	NTHICU	JM			1 TES 2 XNO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
N N	6434 ST. PHIL	LIPS ROAD 12. WAS DECEDENT EVER IN	III ADVICE	1	21090		U.S.	
	1 Never Married 2 Married	FORCES? 1 YES	2 V NO	If yea, sp	ENDENT OF NISPANIC scify Cuban, Maxican, I	ORIGIN? (Specify Yea Puarto Rican, etc.)		RACE — American Indian, Black, White, etc.
ВУ	3 Wildowed 4 Divorced	THES, GIVE WAR ON DE	(IES	I I TES	2 NO Specify:			Specify: WHITE
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL	done during mo.	ON st of working	16b. KIND OF BUS	SINESS/INDUST	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)		L		
COMPLET	7 17. FATNER'S NAME (First, Middle, Last)	0	BURNI	ER		BETHLE		PEEL
	MARTIN	1	MICKLA		ANNA	(First, Middle, Maiden	Surname)	FLORIAN
BE	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street a	nd Number or Rural Rou	te Number City or Tow	n. State Zin Cor	
욘	MARIAN J. WORL	EY			LLIPS R		THICUM	03.000
	20a. METNOD OF DISPOSITION Mariel 2 Committee 3 Ham		PLACE AND DATE OF D	ISPOSITION (No		/27 / 924. LO		
	4 Donation 5 Other (Spinion)	MI	etery, crematory or other EADOWRID	GE MEN			LKRIDO	
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE		SINGI	ETON FU	WERAL HO	OME	21061
	The	-30		1 SEC	COND AVE	. S.W.,	GLEN	21061 BURNIE, MD
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caused List only one ceuse on ea	the death. Do not					Approximata
	IMMEDIATE CAUSE (Finel			- 11	(Day			Interval Batween Onset and Death
	disease of condition resulting in death		ANDIA	2 //	PARC	7/8/5		
		DUE TO (OR AS A	CONSEQUENCE OF):	An	reny	As M.	رس	_
	Sequentially list conditions, if any, leading to immediate	b. JUE TO (OR AS A	CONSEQUENCE OF):	0/10	-ceny	O CAE	-1176	
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	Mespi	valo	m 7	allu	n		
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	0				
CERTIFICATION	resulting in death) LAST	d						
AL 0	PART ii. Other aignificent condition	s contributing to deeth b	ut not resulting in t	he underlying	ceuse given in Pa			24b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	EATH Y	ES NO			
IC/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL THER:	ACE OF DEATN (Check	only one)		
448	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atlant 3 DOA 4 (e 5 ☐ Rasidenca 6 ☐			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	6d. DEŞCRIBE HOW I	NJUHY OCCURE	:0
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, ferm, stree			ar. LOCATION (Street a	and Number or P	tural Route Number,
TEC	4 Homicide determined	building, atc. (Spec	ny)			City or Town, State)		
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	edge, death occurred at	t the time, date	and place, and due to	the cause(a) and man	ner as stated.	
COMPLETED		R: On the basis of examination						use(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	14.14			THE LICENSE NUMBE	iR	29d. DATE SIC	GNED (Month, Day, Year)
TO B	CHATTENICE.	Mally	1)		A-22	180	▶ 6.	-25-94.
	30. NAME AND ADDRESS OF PERSON WAS		Polls	low) 2/2	-27		
	31. DATE FILED (Month, Day, Year) JUN 2 8 1994	32/ABGISTAMA'S SIGN	- Handall			_/		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The

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	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 sh		
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TOTAL THE IGN TOURNESS WISH THE UPDATE OF THE DECEMBER WITHIN THE TOTAL TENE	e ce	ith the State Dept. of Health and Mental Hygiene prior to bunial, cremation. or re	and or Hom 23 shows any injury or other traumatic avent the medical avaining must be notified at once

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	TMENT OF H	EALTH AND ME	NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Les Florence	Mante)			2.	DATE OF DEATH DA		
	4. SOCIAL SECURITY NUMBER 216-01-3091		n yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) arch 7, 1	0	III:10 a MORTHPLACE (State or Foreign ountry) W York
TOR	9a. FACILITY NAME (If not institution, give Greater Baltimo RESIDENCE OF DECEDENT				, Maryland		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COU			timore	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3900 N, Charles	Street Apt.	1013	2	. ZIP CODE 1218		United	of what country? d States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPARIAN IN 1 ☐ YES 2 ☑ NO Specific Colors, Maxle 1 ☐ YES 2 ☑ NO Specific Colors No Specific Co					RACE — American Indian, Black, Whita, atc. Specify: White
PLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during mo e retired.)		16b. KIND OF BUS		RY
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Harry Mantell	2	ACCOUNT	allt	18. MOTHER'S NAME (ent
TO B	19a. INFORMANT'S NAME (Type/Print) Diana Barasch				nd Number or Rumil Route ale Way Vi.	enna, VA	22181	·
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNRAL SERVICE	LICENSES G1	PLACE AND DATE OF others, crematory or others.	t Cremat	1	28/94 Bal	timore	or Town, State , Maryland
	Robert M. Kr	atz	3	Mitc 6500	hell-Wiede York Road	feld Home Baltimo	re, MD	21212
	23. PART I. Enter the diseases, p shock, or heert failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. COM 9 C 5 7 DUE TO OR AS A 0	ch line.				ratory srrest,	Approximate interval Between Onset and Death
VTION	Sequentially list conditions, if any, leeding to immediate	OUE TO (OD AS A (COMPEDITENCE OF	١.				
CERTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): "	disense	210		
AN: MEDICAL	PART II. Other significant condition YECUVENT PEPT DID TOBACCOUSE	Upper 6 L CONTRIBUTE TO	Blee	se	ceuse given in Par	249. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE DF DEATH (Check of			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME INJU	M 1 1	RK? YES 2 NO	I. DESCRIBE HOW IN		
ETED	3 Suicide 8 Could not be detarmined		(y)			. LOCATION (Street a City or Town, State)		ural Route Number,
COMPL	one) 2 MEDICAL EXAMI	YSICIAN: To the best of my knowle						use(s) and manner as stated.
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	31. DATE FILED (Month, Day, Year)	32. FGISTDAR'S GIONA	N A	eny F	Riley			
	JUN 2 8 1994	Julia Davidson	- Andell	/				

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BALTIMORE, MARYLAND	of the death perdificults he executed with
BALTIN	our offer death Day
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oital or attending physician. DIVISION OF VITAL RECORTO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that

	1. DECEDENT'S NAME (First, Middle, L				1		2. DATE		4 -	YEAR	3. TIME OF DEATH
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0	4. SOCIAL SECURITY NUMBER 219-22-5916	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA		(Mon	E OF BIRTH 1th, Day, Year)		Country	PLACE (State or Fore y) St VIrg
B	9a. FACILITY NAME (If not institution, g John Hopkins		Med.			on Location of	DEATH		9c. COUNT	TY OF D	EATH
СТОВ	RESIDENCE OF DECEDENT			001		TOTHOTC				-	
DIRE	Md .	UNTY			TOWN OR LO			IF (10d. INSIDE CITY LIMITS? 1 VES 2 N
IERAL	100. STREET AND NUMBER 225 SOuth Ro	binson S	Treet			21224		XX	U.S		THAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. YES 2	ONE	If yes	DECENDENT OF HISP, , specify Cuban, Maxie YES 2 NO Spec	can, Puerto		or No— 1	Specif	— American Indian, t, White, etc. ty: ite
ED	15. DECEDENT'S (Specify only highest of		16a.	DECEDENT'S U			16	Sb. KIND OF BUS	INESS/INDU		100
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Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First,	Middle, Maiden			
ш	George Har	ris				La	ura	Davis			
0 8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING A	ADDRESS (Stre	eet and Number or Rura			, State, Zip C	Code)	17361
ĭ	Mr. Kevin H	I. McArth	ur	33 C	oving	ton Dri	ve.	Shrew	sbur	v.	Pa.
	20a, METHOD OF DISPOSITION		20b. PLA0	CE AND DATE OF	DISPOSITION				CATION - C		
	1 Burlet 2 Tremetion 3 4 Donation 5 Other (Specify)	nemover from State		crematory or oth		ematory	6 2	7.04	Bal.	+ ~	ма
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE			22 NAME	F AND ADDRESS OF	FACE ITY				,
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-	aguar 114	· leaker		00083		O E.BA1	timo	re St	. Ba	1to	Md.
	IMMEDIATE CAUSE (Fine)	ure. List only one cau	use on each I	ine.	ot enter the	mode of dying, au	ich aa cai	rdiac or respi	ratory erre	st,	Approximate Interval Bets
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the float of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

							2. DATE OF DEAT	3. TIME OF DEATH					
	ISAAC JOHN		PERE					JUNE 25, 1994			3:35A M		
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					7. DATE OF BIRTH (Manny, Day, 1944) MAR. 9, 1933 6. BIRTHPLACE (State of Country) MARYLAN			PLACE (State or Foreign N) RYLAND				
OR	9a. FACILITY NAME (If not institution, give str THE JOHNS HOF		SPITAL				IMORE CI	ATH		nty of p			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY												
DIRECTOR	MARYLAND	n/a		10c, CITY,	TOWN OF		TIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	33 AISQUI	TH STR	EET			100	21202		_	I TED	STATES		
ВУ	11. MARITAL STATUS 1 Never Married X X Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARI	MED	16	yes, sp	ENDENT OF HISPAN ecity Cuban, Maxicar 2 (A) NO Specify	, Puerto Ricen, atc	Yea or No—	Blac	E — American Indian, k, White, atc. hy: BLACK		
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18a, DE	CEDENT'S L	JSUAL OC	CUPATIO	ON at al unatiles	16b. KIND OF	BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) 6 TH	College (1-4 or 5	+)	n em p	_		st of working		n/a				
BE CON	17. FATHER'S NAME (First, Middle, Last) ISAAC PEREZ	SR.					18. MOTHER'S NAM	ME (First, Middle, Me	,				
TO B	19a. INFORMANT'S NAME (Type/Print) ANNIE M. P	EREZ	198	1752	G	Street a	und Number or Rural R	ENUE, [Fown, State, Zi	y Code) MORE	,MD# 18		
	20s. METHOD OF DISPOSITION 1 \(\text{ \sqrt{METHOD OF DISPOSITION}} \) 4 \(\text{ Donation} \) 5 \(\text{ Other (Specify)} \)	wal from State	20b. PLACE A	AND DATE OF	FDISPOSIT	ION (Na	CEMETER		LOCATION -		DELCO, md		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE					ID ADDRESS OF FAC						
	*Karen m	· Ko	ger				6. Marc				ORTH AVE.		
	23. PART I. Enter the diseases, or conshock, or heart feliure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceu	se on each line	•					espiratory as	rest,	Approximata interval Between Onset and Death		
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MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE												
-								1 □ YE	S 2 NO		OF DEATH?		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 26. PLACE OF DEATH (Chook only one)												
SIC	EXAMINER?	NOSPITAL:	ER/Outpatient 3		OTHER:		e 5 🗆 Residence	6 G Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Accident Investigation	28a. DATE OF (Month, E		RY 28b. TIME OF 28c. INJURY AT			RK?	28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be	F INJURY — At ho	- At home, farm, atreet, factory, office				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
114	4 Homicide determined			29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
OMPLE	29a. CERTIFIER (Check only										a) and manner as stated.		
D BE COMPLETED	29a. CERTIFIER (Check only							time, data and plac	a, and due to t	ha cause(a) and manner as stated. (Mgnth, Day, Year)		
ш	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	a: On the basis of a	xamination and/or I	nvestigation	ı, İn my op	inion, d	29c. LICENSE NUM	time, data and plac	a, and due to t	ha cause(
8	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	xamination and/or I	M 27) (Type,	ı, İn my op	inion, d	eath occured at the	time, data and plac	a, and due to t	ha cause(



lage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PASCENT THE PROPERTY OF THE GRAIN CALLE DE EXECUTED WITHING TOWNS after death. Page 6 may be retained by the hosp TO THE FLAKERAL DIRECTOR. After this page 5 should be detached to the MINE AND THE THE GRAIN WITHIN TO Now THE GRAIN WITHIN THE STATE DEAT, SHOULD BE THE WITHIN TO NOW THE STATE DEAT, SHOULD BE WITHIN THE WITHIN THE STATE DEAT, SHOWN ANY INJURY, OF Other traumatic event, the medical examiner must be notified at once. RECORDS, P.O. BOX 68760,

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by the attending physician and completely filled in by the funeral director,	
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pletely	lental Hygiene prior to burial, cremation, or removal.
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DIVISION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFIC	CATE OF	DEATH		REG. NO.					
							2. DATE OF DEATN 3. TIME OF DE					
	Louise B.	PIRKEY				June 21, 1994 6:37						
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.			1.774 8. BIRT	6:37 a M NPLACE (State or Foreign			
	579-22-2298 1 D M 2 🔀 F	71	YRS.	ONTHS DAYS	HOURS MIN.	6-2	BIRTN ey. Year) 192: 8 – 199	WA:	SH. D.C.			
œ	98. FACILITY NAME (If not institution, give street and number) FRANKLIN SQUARE HOSP	τπλτ	9	b. CITY, TOWN	OR LOCATION OF DE	EATN	9c.	COUNTY OF	DEATN			
DIRECTOR	RESIDENCE OF DECEDENT	TIAL					Ва	ltimo	re County			
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. IHSIDE CITY			
	MARYLAND BALTIMORE			ESSEX	ζ				1 TYES 2 HO			
FUNERAL	825 ARMCLIFF ROAD			10	10f. ZIP CODE 21221			10g. CITIZEH OF WNAT COUNTRY? U.S.A.				
S	The state of the s	ENT EVER IN U.S. AF	MED	13. WAS DE	CEHDENT OF NISPAN	NIC ORIGIN? (Specify Yea or No	— 14. RAC	E — American Indian.			
BY	1 Hever Married 2 Married FORCES? 3 Wildowed 4 Divorced FORCES?	1 YES 2 WAR OR DATES	NO		pecify Cuban, Maxica S 2 HO Specify		in, atc.)	Spe	ok, White, etc.			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DE	CEDENT'S US	BUAL OCCUPAT	ON	16b. KI	ND OF BUSINES	S/IHDUSTRY				
Ш	Elementary/Secondary (0-12) College (1-4 or	5+}		k done during m retired.)	ost of working	11						
COMPLET	12	H	OUSEV	VIFE			HOME	MAKE	R			
00	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S NA							
BE	FRANK KOCH						SCHULT					
2	19a. IHFORMANT'S NAME (Type/Print)	19	b. MAILING A	DDRESS (Street	and Number or Rural	Route Number,	City or Town, Stat	e, Zip Code)	0.1			
	KEITH L. PIRKEY SR.				FF RD.	BALT						
	20a METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	206. PLACE cometocy cre PARK	AND DATE OF	DISPOSITION (A	ERY	6/94	PARK					
	21. SIGHATURE OF FUNERAL SERVICE LICENSEE			22. HAME A	ND ADDRESS OF FA	CILITY						
	William R. Paul	111			IRY W. 3							
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Metabolic Acidosis Due TO (OR AS A COMSEQUENCE OF): Hypotension Due TO (OR AS A COMSEQUENCE OF): b. Hypotension Due TO (OR AS A COMSEQUENCE OF): c. Post Surgical Hemorrhage Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
8	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL					7	PERFORM			b. WERE AUTOPSY FIHDINGS AVAILABLE PRIOR TO			
ğ	Status post six vessel	coronary	artei	cy bypa	ISS	1 TYES 2 HO			COMPLETION OF CAUSE OF DEATH?			
	graft 1 YES 2 NO											
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check code code)											
S	EXAMIHER? HOSPITAL:	G Section 1		THER:	LACE OF DEATH (Ch							
PHYSICIAN:	27. MAHNER OF DEATH 28a. DATE	OF IHJURY	28b. TIME (ne 5 Residence		ipecify) IBE HOW INJURY	OCCURED				
ВУ Р	1 🔀 Hetural 5 🗌 Pending (Month) 2 🗎 Accident Investigation	, Day, Year)	IHJUR	M 1 🗆	YES 2 HO	Zou. DEÇON	DE HOW INSON	OCCORED				
	3 Suickle 8 Could not be determined 28e. PLACE OF IHJURY — At home, ferm, street, fectory, offics building, atc. (Specify) 28e. PLACE OF IHJURY — At home, ferm, street, fectory, offics City or Town, State)								Route Number,			
29a. CERTIFIER 4 (X CERTIFULIS BUNGICIAN T. II.)							(s) and menner a	ateted				
PLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAH: To the best	298. CERTIFIER (Check only one) 1 A CERTIFIER PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMIHER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
OMPLET	(Check only 1 CERTIFTING PHYSICIAH: To the best		investigation,	In my opinion,	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEHSE NUMBER 29d. DATE SIGNED (A.							
BE COMPLETED	(Check only one) 2 MEDICAL EXAMIHER: On the basis or		inveatigation,	In my opinion,	-							
TO BE COMPLET	(Check only one) 2 MEDICAL EXAMIHER: On the basis or	axemination and/or		_>	-							
BE	(Check only 12 GERTIFYING PHYSICIAN: To the best only 12 MEDICAL EXAMIHER: On the bests of 29b. SIGNATUBE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CO.	axamination and/or	M 27) (Type, P	rint)	29c. LICEHSE HUI	MBER	29d.	DATE SIGHE				
BE	(Check only 12 CERTIFFING PHYSICIAN: To the best of person who completed of Laura Garelick M.D. 90	axemination and/or	м 27) (Туре, Р. lin Sc	rint)	29c. LICEHSE HUI	MBER	29d.	DATE SIGHE				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death, Page 6 may be retained by the P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed.	
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND REGISTRAR C	DEPARTM	ENT OF H	EALTH AND I	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	**			MONT	OF DEATH		YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. In	of hirthday) IE	UNDER 1 YEAR	IF UNDER 24 HRS.	-6	OF BIRTH	194		57.42 F	
	217-48-9631 1 N 2 X F 82	YRS. MON	THE DAYS	HOURS MIN.	(Mon	th, Day, Ybar)		Country)	ACE (State or Foreign	n
œ	9e. FACILITY NAME (if not institution, give street end number)	9b.		R LOCATION OF DE	EATH		9c. COUN	TY OF DEAT	гн	
DIRECTOR	SINAI HOSPITAL		DALI.	LPIONES						
E I	10a, STATE 10b. COUNTY		WN OR LOCAT					10	d. INSIDE CITY	\Box
	MD	BA	ALTIMO	RE				1	X YES 2 NO	
MA I	10e. STREET AND NUMBER		101	. ZIP CODE 2121	5		10g. CITIZ	EN OF WHA	AT COUNTRY?	
FUNERAL	4001 CLARKS LANE, APT. 114 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	DMED	12 W# C DEC	ENDENT OF HISPAN		12 /Paralla Van		SA	A	-
BY FL	1 Never Merried 2 Merried S Wildowed 4 Divorced FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO		city Cuben, Mexica	n, Puerto		or No.	Black, V	American Indian, White, elc.	
9	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	ECEDENT'S USU	AL OCCUPATION	ON .	161	, KIND OF BUS	INESS/INDU	ISTRY	-	\dashv
COMPLETED		Give kind of work le. Do NOT use ret	ired.)	st or working						
MP	12	HOUSE	WIFE				T HOM	îE		
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First,					
BE	ABRAHAM BARR 19a. INFORMANT'S NAME (Type/Print)	05 MAN INC 100	DE00 (0)	DORA nd Number or Rural is			WHITM			_
임	BARRY J. PLOTKIN								RE, MD 2	120
	1 St Burlet 2 Cremetics 3 Demoval from State	EAND DATE OF DI	SPOSITION (Na		OAT		CATION — C	ity or Town	, State	
1	4 Donation 5 Domr (Specify) HEBR	EW YOUN	G MEN	ID ADDRESS OF FA		1994	BALTI	MORE	, MD	_
}	My Januar		SOL	LEVINSC REISTERS	3 N			1ODE	MD 212	7.5
CERTIFICATION	23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or healt feliure. List only one cause on sech line. Approximate interval Batween Onset and Dasth disease or condition and the condition and the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST Approximate interval Batween Onset and Dasth Disease or conditions, our co									
	PART II. Other algorificant conditions contributing to death but not	passiting in th	a a ameloubale.	a anno altro la	Dort I					
PHYSICIAN: MEDICAL		Teading III II	e underlying	, ceuse given in		24a. WAS AN PERFOR 1 YES 2	MED3	CO	ERE AUTOPSY FINDIP MILABLE PRIOR TO DMPLETION OF CAUS F DEATH? YES 2 NO	
Y	25. WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATH (Ch	eck only o	ne)				\dashv
SS	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputer 2 ER/Outputert		HER: Nursing Hom	e 5 🗆 Reeldence	s 🗆 Oth	or (Specify)				
	27. MANNER OF DEATH 1 V Neturel 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO			SCRIBE HOW II	JURY OCC	URED		\exists
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined 28e. PLACE OF INJURY — All homicide	nome, farm, stree	t, lectory, offic			CATION (Street e or Town, Stete)	nd Number o	or Rural Rout	te Number,	
COMPLETED	29e. CERTIFIER (Check only MEDICAL EXAMINE): On the best of my knowledge, of MEDICAL EXAMINE): On the basic of axamination end/or								sasanes louve	
	29h NGMATUSE AND TITLE OF CERTIFUE	and a second second	my opinion, a			and place, en				°
TO BE	John & MEDICAL	RESIDE	NT	29c. LICENSE NUI				SIGNED (M	194	
	30. We and address of person who completed cause of death (IT) FEFFREY BASA, M.D. SINAL			OF BAL	TIM	ORE				
	JUN 2 8 1994	andill.								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygines prior principle, or remainion, or removal.	THE OTITIES. IT ISSUED TO ISSUED TO STORE OF THE TOTAL OF
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			HE OF BEATT	2. DATE OF DEATH		3. TIME OF DEATH		
	Barbara	Ella	RAY		June 25		1:40 p M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I		JNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
	218-18-2527	1 □ M 2 🔀 F 88	YRS.	THE DAYS HOURS MIN.	Oct. 30,	1905 Ma:	ryland		
	90. FACILITY NAME (If not institution, give st	treet end number)	9b.	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF I	-		
BY FUNERAL DIRECTOR	Franklin Square	Hospital		Baltimore		Baltimor	e County		
2	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY		
۵		imore	Balt	imore			1 TES 2 NO		
₹.	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
単し	527 Crisfield Ro			21220		U.S.A.			
ᆵ	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes	or No — 14, RAC Blac	E — American Indien, k, White, etc.		
≿	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ATES	1 YES 2 X NO Speci		Spec			
	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S USU	AL OCCUPATION	16b, KIND OF BUS	W1500 (MID) (070)	willte		
COMPLETED	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use ret	done during most of working	166. KIND OF BUS	SINESS/INDUSTRY			
7	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A	Homemake	r	Own Hom	Δ	75		
8	17. FATHER'S NAME (First, Middle, Last)		HOMEMBRE		ME (First, Middle, Maiden				
<u></u>	Joseph Bender				eth M. Nov				
R	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural					
2	Marie Oswinkle (Sister)		isfield Road,			220		
- 1	20e. METHOD OF DISPOSITION	20b	PLACE AND DATE OF DE	SPOSITION (Name of	DATE 20c 10d	CATION - City or T	nwn State		
	1 X Buriel 2 Cremetion 3 Remo	ovel from State	etery, crematory or other pacred Hear	t of Jesus Cen	6/28 Ba	1timore	Maryland		
	21. SIGNATURE OF FUNDAL SERVICE NO	ENSEE		22. NAME AND ADDRESS OF FA	ICILITY	reimore,	Haryland		
Ġ	1/2:1	1		Schimunek Fu	neral Home	s, Inc.			
	23. PART I. Enter the diseases or c	Acres de la constitución de la c		3331 Brehms	Lane, Balt	imore, M			
	shock, or heart failure.	List only one ceuse on ea	och line.	mer the mode of dying, suc	th as cerdiac or respi	ratory arrest,	Approximate Interval Between		
	iffMEDIATE CAUSE (Final disease or condition						Onset end Death		
	resulting in death) a. Myocardial Infarction								
_	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentielly list conditions,		arcinoma w	ith Metastese	S		-		
¥	if any, leading to immediate cause. Enter UNDERLYING	ALC50					i l		
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				-		
F	resulting in death) LAST	4							
	DART II Oak a stadiliana a sandili								
¥.	PART II. Other aignificent condition	s contributing to deeth bu	ut not resulting in th	e underlying ceuee given in	Part i. 24s. WAS AN PERFOR		MAILABLE PRIOR TO		
MEDIC					1 _ YES 2	X NO	COMPLETION OF CAUSE OF DEATH?		
							1 TES 2 NO		
Ž.									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH (C)	neck only one)				
ΥS	1 YES 2 NO	1X Inputient 2 ER/Outpu	ntient 3 DOA 4	Nursing Home 5 - Residence					
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED			
BY	2 Accident Investigation	20. 01 405 05 (4) (10)		M 1 YES 2 NO					
品	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At nome, term, street f(y)	, tectory, office	281, LOCATION (Street e City or Town, State)	ind Number or Rural	Route Number,		
COMPLETED	29e. CERTIFIER				l				
P	(Check only			the time, date end piece, end du					
8	2 MEDICAL EXAMINE	R: On the besis of examination	end/or investigation, in	my opinion, death occured at the	time, date end place, en	d due to the ceuse(s) end manner ee stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER		11a M	29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)		
TO B	Kumar	Panas De				1 6/25	194		
-	30. NAME AND ADDRESS OF PERSON WHO				D-1+1		1 01007		
	Kumar Paras Dalla	200		square Drive,	Baltimore,	Marylan	d 21237		
	31. DATE FILED (Month, Day, Year)	Julie Devide	Compage 20						
	JUN 2 8 1994	0	1,400						

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

White

1 YES 2 XNO

Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

AMARABLE PRIOR TO

1 TES 2 YNO

COMPLETION OF CAUSE

8. BIRTHPLACE /State or Foreign

Maryland

9:32P "

REG. NO.

1899

9c COUNTY OF DEATH

U.S.A.

20c. LOCATION — City or Town, State

24a. WAS AN AUTOPSY

1 TYES, 2 T NO

PERFORMED?

Woodlawn, Maryland

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Specify:

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

nne Tuge 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH Nov. 19, 212-01-4498 1 M 2 XF 94 YRS permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Northwest Hospital Randallstown RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Woodlawn 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 7600 Clays Lane use as the burial-transit 21244 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 X NO Specify: 8文 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only his (Give kind of work done during n life. Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin Frey page 5 should be Clara BE Luers notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. June Allen 1640 Liberty Road Sykesville, MD ours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION

1X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, Woodlawn Cemetery 4 Donation 6 Other (Specify) 6/29 examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiec or reepiratory errest, filled in by shock, or heert failure. List only one ceuse on each line 9 IMMEDIATE CAUSE (Finel completely filled the disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): 5 resulting in death) event, requires that the death certificate be executed wi an and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING physician DOOL CAUSE (Diseese Dr Injury other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST 10 injury, PART II. Other algnificent conditions contributing to deeth but not reculting in the underlying ceuse given in Pert I. MEDICAL shows any 6 been 10 25. WAS CASE REFERRED TO MEDICAL PHYSICIAN: OWO has be Dept. WE 23 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The item EXAMINER? certificate I HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Homa 5 Realdence 6 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 26d. DESCRIBE HOW INJURY OCCURED this c 1 Natural 5 Pending 1 YES 2 NO BY After I death 2 Accident Investigation DIRECTOR: At hours after de item 28 is r 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my ki edge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I within 72 h 2 MEDICAL EXAMINER: On the TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 196. STONATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 8 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

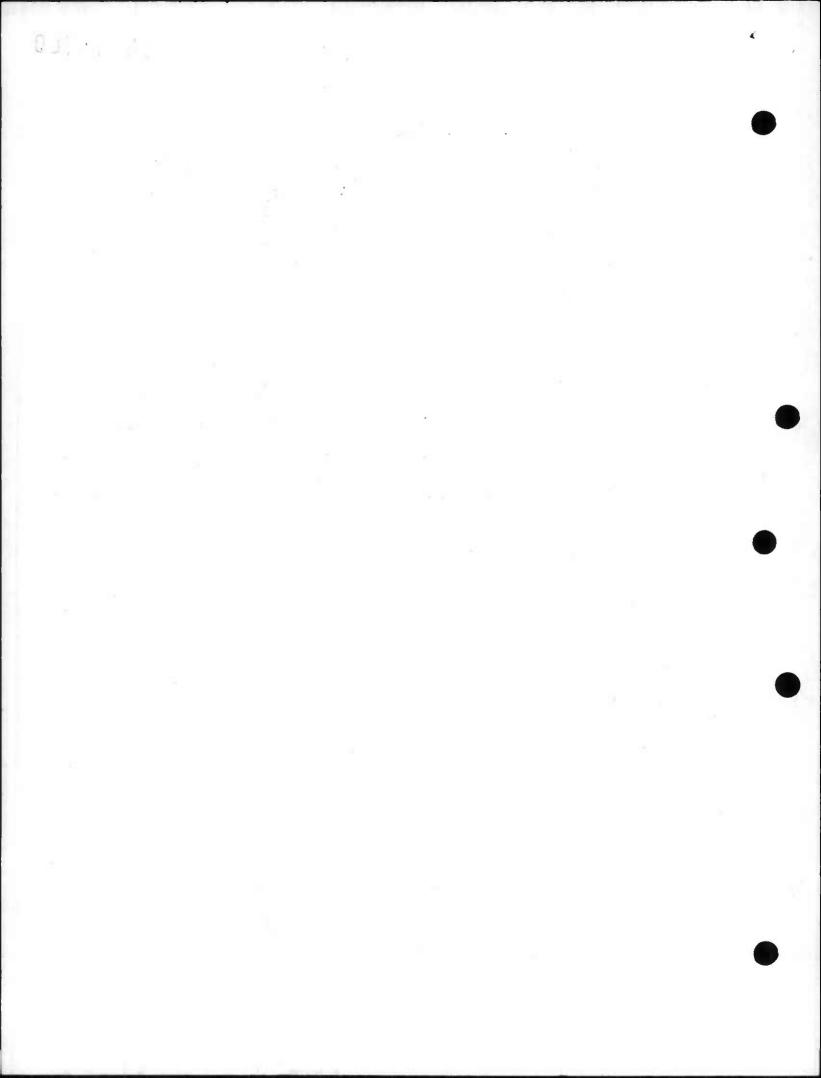
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)

2 8 1994



FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH REG NO

		1 - STATE REGISTRAR		CERTIF		OF DEATH		EG. NO.			
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D	DAY	YEAR 3.	TIME OF DE	ATH
		BESSIE		RUDMA	AN		JUNE	23, 1994	i can	2:30 A	i. M
19		4. SOCIAL SECURITY NUMBER 216-01-2664	5. SEX 1 D M 2 X F 9	GE (in yrs. lest birthday) 2 YRS.		EAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De) 04/14	(Year) 1/1902	8. BIRTHPL Country) MARY	ACE (State or I	Foreign
2, 3 should	стов	9a. FACILITY NAME (If not institution, give si SUMMIT NURSING HO			96. CITY, TO CATO	NSVILLE	DEATH	Sc. COUNT BALT	TIMOR	E	
Pages 1,	DIRE	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND			TY, TOWN OR L ALTIMO					Dd. INSIDE CIT	
n. ansit permit.	IERAL	2709 CHESWOLDE R	D.			101. ZIP CODE 21208		10g. CITIZ USA	EN OF WHA	AT COUNTRY?	
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1XXNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	res 2 X NO	If yo	S DECENDENT OF HISPA ea, specify Cuban, Maxic YES MINO Spec	an, Puerlo Rican	ecify Yaa or No-	14. RACE — Black, V	American Inc Vhita, atc.	flen,
		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCU	JPATION ing most of working	18b. KINI	D OF BUSINESS/INDU	JSTRY		
D 21 pital or ed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	BOOKKEI	isa retired.)	ng most or working	HOCH	SCHILD KO	OHN D	EPT. S	TORE
3 E &	BE CON	17. FATHER'S NAME (First, Middle, Lest) LOUIS	RU	DMAN		18. MOTHER'S N ETK		, Maiden Surname)			
63 45	10	190. INFORMANT'S NAME (Type/Print) MRS. LILLIAN WOLF	'F			itreet and Number or Rural		ity or Town, State, Zip (1207	
e 6 may rector, pa		20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rame 4 Donation Other (Specify)	oval from State	20b. PLACE AND DATE COMMETTER, COMMETTER STORY OF C		ON (Name of EN 6/24/1	994	20c. LOCATION — C BALTIMORE			
death. P funeral		21. SIGNATURE OF FUHERAL SERVICE LIC	tillus		SOL SOL	ME AND ADDRESS OF F LEVINSON O REISTERT	& BROS.		MI	21215	
- B B	-	Z3. PART I Enter the diseases, or o	W								
y filled in tion, or the me	1	immediate cause (Firmi disease or condition resulting in death)	List only one cause o	n each ilna.					st,		mate Between nd Death
B 2 . 2	_	resulting in death)	DUE TO (QB	AS A CONSEQUENCE O	PF):	nt to	um	<u> </u>			
	RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING									
death certificate be attending physicial ental Hygiene prior iry, or other trau	RTIFIC	CAUSE (Disease Dr injury thet initiated events reaulting in deeth) LAST									
the death y the atte of Mental	S									<u> </u>	
that the red by the and life and life	MEDICAL	PART II. Other significent condition O sterney	ahi of	dam				WAS AN AUTOPSY PERFORMED? YES 2 TNO	AN CC OI	ERE AUTOPSY MILABLE PRIOR DMPLETION OF F DEATH?	R TO CAUSE
w requires been sign rt. of Hea	≥	DID TOBACCO USE O	CONTRIBUTE TO	O CAUSE OF	DEATH	YES IT NO	П		'	YES 2	NO
has has Deg	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C					
SICIAN: The certificate to the State to or item	Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Sor	ecity)			
子等を	ВУ РНУ	27. MANNER OF DEATH 1	28a. DATE OF INJU (Month, Day, Ye.		ME OF 28	C. INJURY AT WORK?		E HOW INJURY OCCU	JRED		
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is ma	9	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJ building, etc. (URY — A1 home, term, Specify)	street, tectory,	, offica	28t. LOCATION City or Tox	N (Street and Number own, State)	or Rural Rout	te Number,	
¥ 42 =	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my k							nd menner sa	stated.
TO THE HOSPI TO THE FUNEF De filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	22	6		29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	onth, Day, Year	2
	2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	o, Print)						
		JUN 2 8 1994	32 MEGISTRAS'S S	SIGNATURE Andrew						-	

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ID 21215-0020

use as the burial-transit or attending physician. 10 detached the should be 3 director, 2 5 gue the atter and and signed Health a been s has be Dept. OR ATTENDING PHYSICIAN: The law certificate h this After

Pages 1, 2, 3

permit.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Leat) 2. DATE OF OEATH 3. TIME OF DEATH RIVERS 7: WPM. MALA 6 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 5/16/1917 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAVE HOURS N. CAROLINA 1 M 2 KF 77 240-01-5374 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10h COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3115 PRESBURY STREET. 21216 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 K Married BY 3 Widowed 4 Divorced ART. AMERICAN COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. ring most of working ive kind of work done
Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 76 WILL EULA MASSEY MASSEY BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 9 3115 PRESBURG STREET, BALTIMORE, MARYLAND 21217 WILLIAM RIVERS be 20a. METHOO OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20s. METHOO OF DISPOSITION

1 V Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) must ARBUTUS MEMORIAL PARK 7/1/94 ARBUTUS, MARYLAND examiner 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A. 23. PART I. Enter the cleases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 medical Interval Between Onset and Death IMMEDIATE CAUSE (Final the FND STALE disease or condition_ CHRONIC RCNAL FAILURE 241 resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): HIN 30 YV. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO (VA De monto any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TO NO Shows 1 YES 2 1940 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked. 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be DIRECTOR: A hours after ditem 28 ls COMPLETED 29s. CERTIFIER
(Check only one)

29 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. FUNERAL within 72 I TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE P CSIDENT Months Nava 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Si. Annis

32. REDISTRAR'S SIGNATURE

Julie Devidson

DR. SATYANARAVANA

JUN 2 8 1994

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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900 Caton An.



HOSPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MOLENIE		

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	Down	741	Robi	N 500	2. DATE MONT		" q	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-30-5617	5. SEX 6. AGE 1 □ M 2 □ F 5		F UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		BIRTHPLACE (State or Foreign Country) BALTIMORE, MD.	
	9a. FACILITY NAME (If not institution, give street and number) 216 Leppelin Ave BALTIMORE AA RESIDENCE OF DECEMBRY									
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	MARYLAND A.A. 10e. STREET AND NUMBER		BA	LTIMORE 101	ZIP CODE			10g. CITIZE	1 XYES 2 NO	
	216 ZEPPIN AVE, BALTIMORE, MARYLAND 21225 USA 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMENT OF NISPANIC ORIGINAL SPACE ASSOCIATION OF A STATUS 14. PACE A STATUS							B105		
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR D 1955 - 19	2 NO	2 NO If yes, specify Cuban, Maxican, Puerto Rican, stc.) ES 1 YES 2 NO Specify:				14. RACE — American Indian, Black, White, etc. Specify: AFR. AMERICAN		
	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	vrk done during mo	TRY					
	12 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Ma							Sumame)		
	SOLOMON ROBI	NSON			THELM			N PITTIGEN		
	190. INFORMANT'S NAME (Type/Print) THELMA M. PETTIG	EN			nd Number or Rural					
	20a. METNOO OF DISPOSITION	20e. METNOO OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State Compation of the place Compation of the								
	21. SIGNATURE DE FUNERAL SERVICE (CENSEE) 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Hypertensive Heart Disease or put to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): c. OUE TO (or as a consequence of): oue to (or as a consequence of):							Interval Between			
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.						I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)									
Ì	EXAMINER? 1 YES 2 NO	EXAMINER? HOSPITAL: OTHER								
	27. MANNER OF OEATN 1 Netural 5 Pending 2 Accident Investigation					28d. DES	28d. DESCRIBE NOW INJURY OCCURED			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATI						ATION (Street and Number or Rural Route Number, or Town, State)		
		CIAN: To the best of my know R: On the basis of examination							ause(a) and manner as stated.	
	29). SIGNATURE AND TITLE OF CERTIFICATION	Jono	Depu	cty	29c. LICENSE NUI	ABER	54	29d. DATE S	IGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHY	JONES	ATH (ITEM 27) (Type, P	95	Am	er	ich		21035	
	31. DATE FILED (MONTH, Day, Year)	32. FEORTRADOS SIGN	ATURE Andres	-					-	

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N.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	_	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT OF H		NTAL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	R	ULtini	2.	DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER 5. S	1	7/	IF UNDER 24 HRS. 7.	DATE OF BIRTH 6.	BIRTHPLACE (State or Foreign			
		212-28-9377	K ^{M 2 □ F} 63	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country) Marvland			
3 should	~	9a. FACILITY NAME (If not institution, give street a		9b. CITY, TOWN O	OR LOCATION OF OEATH					
1. 2, 3	CTOR	Harbor Hospital		Balt	imore					
	DIREC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	ION		10d, INSIDE CITY LIMITS?			
permit. Pages		Md		Baltimore			TYPES 2 NO			
is.	FUNERAL	5200 Ballman COu	ırt	100	21225		OF WHAT COUNTRY?			
physician. burial-transit	UND-	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 NO				RACE — American Indian, Black, White, atc.			
	ВУ		IF YES, GIVE WARTOR OATES		2 NO Specify:		Specify:			
r attending use as the	ED	15. OECEDENT'S EDUCATIO (Specify only highest grade comp		EDENT'S USUAL OCCUPATION IN THE PROPERTY OF STREET	ON .	16b. KIND OF BUSINESS/INDUS	nite TRY			
o le	LET	Elementary/Secondary (0-12) Co	Hege (1-4 or 5+)	Do NOT use retired.)	st or working					
the hospital detached for once.	COMPL	12 yrs 17. FATHER'S NAME (First, Middle, Last)	[0	perator	18 MOTHED'S NAME	Paint Co. (First, Middle, Meiden Surname)	•			
8 8 8	ш	AMeil J. Ruffin	i			Mae Bahr				
s retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural Route	Number, City or Town, State, Zip Co	de)			
o do		Ameil J. Ruffin		1630 E. FO		Balto.,Md.	21230			
e 6 may ector, pa must b		1 Burial 2 X Cremation 3 Ramoval (rom State cemetery, crem	netory or other place)	1	-27-94 Balt				
death. Page 6 m tuneral director, examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSE	Edison M.Pe	, 22. NAME AI	IO ADDRESS OF FACILIT	TY				
		Edison 4 Pe	leins DOO	Bra	dley-Ash	ton Funeral	Homé, Inc.			
in by remi		23. PART I. Enter the diseeses, or comp shock, or heart failure. List	lications that caused the deconly one cause on each line.	th. Do not enter the mo	de of dying, such a	cerdiec or reapiratory arrest	, Approximata interval Between			
g 's €		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Anoxic Encephalopathy for CPR. DUE TO (OR AS A CONSEQUENCE OF):								
completely fille ial, cremation, event, the		resulting in death)	DUE TO (OR AS A CONSEO	UENCE OF):	19	OPR.	, nous			
and com burial,	NO	Sequentially list conditions, Out TO (OR AS A CONSEQUENCE OF): 1 hour 1 hour								
ficate be execut physician and c ne prior to buris	ATI	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSECU	Ujence of):	/					
certificat nding phy Hygiene p	IFI	CAUSE (Disease or injury that initiated events								
S E E	CERTIFICATION	reaulting in death) LAST								
nd the	A	PART II. Other aignificant conditions co	ntributing to death but not re	sulting in the underlying	cause given in Par	t i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
requires that the cen signed by to of Health and shows any in	PHYSICIAN: MEDIC					1 - YES 2 NO	OF DEATH?			
v rec	W.						1 🗆 YES 2X NO			
The la te has ate Del	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		ACE OF DEATH (Check	only one)				
ATTENDING PHYSICIAN: The ECTOR: After this certificate is after death with the State is marked, or item	IXSI	1 VES 2 NO 1	Appetient 2 - ER/Outpetient 3		e 5 🗆 Residence 6 🗆					
PHY this		1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		RK?	d. DEŞCRIBE HOW INJURY OCCUR	ED			
NDING R. After or death	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — At horn building, atc. (Specify)	ne, farm, street, factory, offic	28	I. LOCATION (Street and Number or City or Town, State)	Rural Route Number,			
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETE	4 Homicide determined								
TAL OR /	COMPLETED		To the best of my knowledge, dea							
HOSPITAL FUNERAL WITHIN 72	8	29b. SIGNATURE AND-TITLE OF-CERTIFIER	The Desig Of Systemation Shows in	westigstion, in my opinion, d	29c. LICENSE NUMBE	o, data and place, and due to the co				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 ?	H C	acobiere	2U.		House 10	FFICER > 6.	IGNEO (Month, Day, Year) -24-94			
	2	30. NAME AND ADDRESS OF PERSON WHO CO	_	27) (Type, Print)	HOUSE OFFICER > 6-24-94 3001 S. Harrover St. Balto MD21225					
		31. DATE FILED (Month, Day, Year)	BRERA N 32. REGISTRAR'S SIGNATURE	U 300	1 > 11an	nover ST. 150	eto muzicis			
			in Sanisen Ruse	L						

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit belief within 7.2 hours after death with the State Dept. Of Health and Mental Hygher prior to Vulley, certainly, or removal. To hours attend and the state of

	1 - STATE STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Lest)	-			2. DATE OF DEATH		3. TIME OF DEATH				
	Melvin A. Stelmack		June 26,	1994							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Feb 4,		HPLACE (State or Foreign				
	219-16-9543 11XM2□F	68 YRS. MONTHS DAYS HOURS MIN				1926 Ma	ryland				
~	1510			LOCATION OF DE	EATH	9c. COUNTY OF DEATH					
<u>ö</u>	RESIDENCE OF DECEDENT	Dund	alk		Baltimore						
ᇤᅵ	10a, STATE 10b, COUNTY	10c CITY TO	OWN OR LOCATE	ON			10d. INSIDE CITY				
DIRECTOR	Md. Baltimore			514			LIMITS?				
	10a, STREET AND NUMBER	Dui	ndalk				1 YES 2 NO				
¥	COUNTY STOCKED		101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	1740 Brookview Rd.			2122		USA					
2	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT SVER IN U.S. FORCES? 1 A YES 2	NOENT OF HISPAN	OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Islan, Maxican, Puerto Rican, stc.)								
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES			2 X NO Specify	White						
			l								
밀	15. DECEOENT'S EDUCATION (Specify only highest grade completed) 18e.	(Give kind of work	done during mos	t of working	16b. KINO OF BUS	INESS/INDUSTRY					
٣	Elementary/Secondary (0-12) College, (1-4 or 5 +)	Brick	layer		Bet	h-Stee:	1				
M	-										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden :						
BE	Joseph Stelmack			Laur	a Kowals	K1					
2	19s. INFORMANT'S NAME (Type/Print)				Route Number, City or Town						
-	Ida Stelmack	1740	Brook	view Ro	l. Baltim	ore, Mo	1. 21222				
	26g. METHOD OF DISPOSITION 20b. PLACE	CEAND DATE OF D	SPOSITION (Nan	ne of	OATE 20c. LOC	CATION — City or T	own, Stata				
	4 Donation 5 Other (Specify) Sact	1 Burist 2 Cremation 3 Ramoval from State Commetor, crematory grother place; 4 Donation 5 Other (Specify) Sacred Heart of Mary 6/29 Baltimore Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ADDRESS OF FA									
	DA (-)	11									
	Coll Connec	ly	7110	Soller	s Pt. Rd	 Dunda 	1k 21222				
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each i	death Do not e	enter the mod	le of dyling, suci	h ss cardiac or respi	ratory arrest,	Approximata Interval Between				
	IMMEDIATE CAUSE (Final Onset and Death										
	disease or condition - s. rostate Cancer 3year										
	DUE TO (OR AS A CONSEQUENCE OF):										
z	Commendation that are always to be										
임	Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
Cause. Enter UNDERLYING CAUSE (Disease or Injury											
国	that initiated events DUE TO (OR AS A CON	SEOUENCE OF):									
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							1				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTO PERFORMED											
							D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
음					1 YES 2	26	COMPLETION OF CAUSE OF DEATH?				
ME						*	1 YES 2 NO				
-											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		28. PL/	CE OF DEATH (Ch	eck only one)						
25	EXAMINER? 1 YES 2 NO 1 Inpatient 2 N ER/Outpetient		THER:		8 Other (Specify)						
Ě∥	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF			28d. DESCRIBE HOW IF	LIURY OCCUPED					
	1 Natural 5 Pending (Month, Pay, Year)	INJURY	WOR	IK? ES 2 NO		33001123					
B	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At	l home feet etce		2 NO	ORA LOCATION (Days)						
	3 Suicide 8 Could not be detarmined 288. PLACE OF INJURY — At building, stc. (Specify)	tronie, iann, stree	i, inclory, office		28f. LOCATION (Street a City or Town, State)	nd Number of Hurel	Houte Number,				
됴											
릴	298. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge.										
COMPLET	2 MEDICAL EXAMINER: On the basis of examination and	or investigation, in	my opinion, de	ath occured at the	time, data and place, and	d dua to the cause	s) and manner as stated.				
	29b. SIGNATURE AND FITLE OF CERTIFIER		Т	29c. LICENSE NUM	ABER I	29d. DATE SIGNE	O (Mgnth, Day, Year)				
8	LANGET _T mo			BJ2068	10.1	► K/2-	1/91				
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) /Tvna Prin	101	27000		- 4/2	1/17				
	William V. Dackson I 9105	C- 1	1: <	Marc T	rive Bo.	Itmos	MN 21227				
	21 DATE EILED (March Dr. Mark	rrank	414 77	were I	TIVE DO.	1111075	1.000				
	31. DATE FILED (Month, Day, Your) JUN 2 8 1994 Julia Javidson	· 10									
	Tand Diagram	n-Handall									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAI							
1. DECEDENT'S NA								
	LOUIS							
4. 9	OCIAL SECUR							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTIAN			CITTI III	CALE	OF	DEAL		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	LOUISE E.	SUTTON							06/23/9	4		n/a M	
	010 46 0005		6. AGE (In yrs. last birthday)		MONTHS D	YEAR DAYS	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Manth, Qay, Year)	0.40	8. BIRTI Count	HPLACE (State or Foreign	
		1 M 2 XX	45	YRS.					JUL 31, 1			ĞINIA	
œ	9a. FACILITY NAME (If not institution, give at 1407 N. DEC		ENUE		9b. CITY, TO		L T I M			9c. COL	INTY OF D		
DIRECTOR	RESIDENCE OF DECEDENT				-	071					/		
٦ ا	10a. STATE 10b. COUNTY 10c. C			10c. CITY	, TOWN OR	LOCATI	ION	005				10d. INSIDE CITY LIMITS?	
_	MARYLAND n/a					BA	LTIM	UKE				X YES 2 NO	
FUNERAL	1407 N. DECKER AVENUE				101. ZIP CODE			10g. CITIZEN UNIT			WHAT COUNTRY?		
					21213					TIEL	STATES		
	t1. MARITAL STATUS 1 Never Married 2 Married		YES 2)(_)	NO NO	 WAS DECENDENT OF HISPANIC ORIGIN? (Specifif yes, specify Cuban, Mexicon, Puerto Rican, atc 			, Puerto Rican, atc.)	or No—	14. RACI Blec	E — American Indian, k, Whita, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 □ YES 2 💢 🙌 Specify:					Spec	" BLACK		
	15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	ECEDENT'S	USUAL OCC	ISUAL OCCUPATION ork done during most of working					DUSTRY		
	Elementary/Secondary (0-12)	COLL'EGE	life	Do NOT us	e retired.)				606141	C.F.	CLIDI	TV ADMIN	
COMPL		COLLEGE		CLAIMS EXA		M A.	INER		SOCIAL SEC		CUKI	URITY ADMIN.	
5	17. FATHER'S NAME (First, Middle, Last) SHADE SUTTON						18. MOTHE	ER'S NAM	GELINE	Sumame) F 0	DΠ		
BE							_						
2	19a. INFORMANT'S NAME (Type/Print) SHADE SUTTO	N	19	1 4 0 7	ADDRESS (S	Street ar	DECK	ER	AVE, BA	, State, Zi	MOR E	.MD # 13	
			-		F DISPOSITI						City or To		
	20e METNOD OF DISPOSITION 1 🖄 Burial 2 🗆 Cremation 3 🗆 Ramo 4 🔾 Donation 5 🗔 Other (Specify)	oval from State	cemerary	emetory NO	perpared N	IAL		RK		URE			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	-	22. NA	ME AN	D ADDRESS	S OF FAC			- , ,		
Bened Ochor													
	23. PART I. Enter the diseases, or c	omplications that	いいり	eath Don	wm.	C.	marc	h f	/H 1101 E.	Nor	th A	Ve . Approximate	
	shock, or heart fallure. I	ist only one caus	se on aach iln	a.	011101 111		o or ayırı	y, acci	i aa cardiac or reapi	ratory at	reat,	Interval Between	
	immediate Cause (Final disease or condition resulting in death) a. Metastatu Statu Bocutt Concer to terms Onset and Death												
ŀ	oue to (or as a consequence of):												
z													
2	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
CER	d.												
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS												
EDICAL										COMPLETION OF CAUSE OF DEATH?			
M	OF DEATHY												
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO												
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DE	ATN (Che	ck anly one)				
HYS	1 TYES AND NO	t 🗆 Inpatient 2 🗆			4 🗆 Nursin	-		idence	6 Other (Specify)				
딘	27. MANNER OF/DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIM(E OF 28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCURED					
R	2 Accident Investigation	26° BLACE OF	IN HIPM AND			1 Y		NO					
3	3 Suicide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26b. Cation (Street and Number or Rural Route Number. City or Town, State)							Route Number,					
	29e. CERTIFIER												
COMPLE	(Check only 1, ES CERTIFTING PHYSIC												
3	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.												
# E	296. SIGNATURE AND TITLE OF CERTIFIER	- bear	dA				29c. LICEN	ISE NUM	BER C-(-C	29d. DA	TE SIGNED	(Month, Pay, Year)	
2	30, NAME AND ADDRESS OF PERSON WAR	COMPLETED CANS	F OFIDEATH ITTE	M 27\ /%m-	Print)		00	7	70		6 0	4/74	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PrINT) LARRY WATER BURY, US HOPKINS BAYFLEW RED. CONTER, BALT. 21224												
	JUN 2 8 1994	32. REDISTRA	DEVICE OF	Rocks	Ē								



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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR FLORENCE BELL SEWARD n/a 23 6 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign JUNE 19, 1901 225-52-8252 93 VIRGINIA 1 M 2XXF permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE n/a Seton Hill Nursing Home 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE n/a 1 YES 2 NO FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2718 HARFORD ROAD 2nd floor 21218 UNITED STATES and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit oburial, comration, or removal. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 TO Specify: BY Specify: BLACK 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Grade Schoo College (1-4 or 5+) LABORER n/a COMPL 17. FATNER'S NAME (First, Middle, Lest)
Let T | | I A M A L E X A N D E R 16. MOTHER'S NAME (First, Middle, Maiden Surname) SUSTE ALEXANDER F BE notified 190. INFORMANT'S NAME (Type/Print)
DOROTHY SWIMPSON 19b. MAILING ADDRESS (S ROAD, BALTIMORE, MD 2 HARFORD 2718 hours after death. Page 6 may be be 20a METNOD OF DISPOSITION
1 Burlal 2 Cremetion 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must MEMOR'IAL PARK RANDALL STOWN, MD KING 4 Donation 5 Other (Specify) . examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY garen March F/H East 1101 E. North Ave. the medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Batween **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) OSTEDMYEL event, executed within CL us other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING signed by the attending physician a Health and Mental Hygiene prior to HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST Injury. PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS VENTRICULAR ARRISTIMMAS AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO jo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: has b. Dept. NO I 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate I 1 TES 2/ 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF GEATH DIRECTOR: After this cer hours after death with th Item 28 Is marked, o 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE NOW INJURY OCCURED INJURY 1 Natural
2 Accident м 1 YES 2 NO В Investigation 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL IN THE FUNERAL DID BE filed within 72 ho 2 MEDICAL EXAMINER: On the nd/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(e) and menner as stated. 29c. LICENSE NUMBER BE 9 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, Year)

JUN 28

DHMH-18 Rev 1/89

This is

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RECORDS, P.O. BOX 68760	certificate
ώ O	death
Ö	the
O.B.	that
REC	requires that the death ce
_	3W
IA	N: The
OF VITAL	PHYSICIAN:
DIVISION	ATTENDING
	OR
	TAL

Dr. Alfred Sparks,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Charles B. Schatz, Sr. June 1994 24, 11:13 P. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 219-05-5075 1 💢 M 2 🗌 F DAYS HOURS 73 YRS June 6,1921 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Fallston General Hospital Harford Fallston RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Harford Edgewood 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 710 Woodbridge Center Way burial-transit 21040 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rica

1 YES 2 NO Specify: 1 Never Married 2 XXMarried IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced use as the WWII 18e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only hig (Give kind of work done life. Do NOT use retired.) be detached for econdary (0-12) College (1-4 or 5+) COMPL N/A Expeditor N/A Defense once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Andrew G. Schatz notified at Lillian Young BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Caroline Schatz 710 Woodbridge Center Way, Edgewood, MD (wife) þe 20s METNOD OF DISPOSITION
1 N Burlet 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, cemetery, cremetory or other place)
Highview Memorial Gardens 6/27 4 Donatton 8 Other (Specify) Fallston, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ours after death. Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 completely filled in by the medicai 23. PAST I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or haart fallura. List only one cause on each ilne Interval Between cremation, or **IMMEDIATE CAUSE (Final Onset and Death** the arten disease or condition auth MI resulting in death) traumatic event. Hygiene prior to burial, evere CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate been signed by the attending physician it, of Health and Mental Hygiene prior to cause. Enter UNDERLYING certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 the death Inluny. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? that shows any 1 TYES 2 NO requires 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: Dept 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item DIRECTOR: After this certificate hours after death with the State HOSPITAL: OTHER 1 YES 2 NO Inpetient 2 - ER/Outpatie DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) e 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO ВҰ Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 ETED. 8 Could not be 28 4 Nomicide item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated COMPL TO THE FUNERAL D be filed within 72 h IMPORTANT: If it THE HOSPITAL (
THE FUNERAL E (Check only one) 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2105 Laurel Bush Rd., Suite 103, Bel Air, MD

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR James Harris Sanner June 24, 1994 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 213-01-2190 1 X M 2 F 75 YRS 9/20/18 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Carroll County General Hospital Westminster Carroll 10b. COUNTY 10c, CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Woodbine County 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7128 Old Washington Road Woodbine, MD 21797 U.S.A. use as the burlal-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, Whits, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 N Married 1 YES 2 NO Specify BY Specify: 3 Widowed 4 Divorced White 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ET Ď Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached Years Employment Counselor State of Maryland once. 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ retained by James Harris Sanner, Sr. Rosetta Keene BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Marie Sanner 21797 7128 Old Washington Road Woodbine, MD burs after death. Page 6 may be pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 XBurisi 2 Cremation Morgan Chapel Church Cem. 6/27/94 Woodbine, MD Donation 5 Other (Specify) OF FUNERAL E examiner 21. SIGNATURE WINFIELD, MD 21 iberT4 Mels 0 and completely filled in by the burial, cremation, or removal. medicai nes, or/complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heert failure. List pnly pne cause pn each line Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition METASTATIC Y ROSTATE resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING physician 2 ene prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST signed by the attent PART II, Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO апу COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows a 1 TYES 2 T NO peen 6 PHYSICIAN: has b Dept. SW. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The certificate I **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 🗆 Nursing Home 5 🗀 Residence 6 🗀 Other (Specify) 6 the 27. MANNER OF DEATH (Month, Day, Year) this c 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED marked, 1 Viatural
2 Accident 1 YES 2 NO DIRECTOR: After thours after death item 28 is man BY ATTENDING 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 8 29a, CERTIFIER CERTIFYING PNYSICIAN: To this best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 296. SCHATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER BE

PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

HEGISTRAR'S SIGNATURE.

904 WASHWETON RD SOITED

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28. Firs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 1. & 17. PER F.H. FILM G-712 6/28/94 t.t

	1 - STATE REGISTRAR	ALE OF MARY		ICATE C			ENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	001	100				2. DATE OF DEATH	, ,	YEAR 3. 1	TIME OF DEATH		
	YETTA	- 50	, , , , , , , , , , , , , , , , , , , ,	A I. SCH			6. 24	. 9	4	1-15 A M		
						by) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. 8/10/1920				CE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give street and LEVINDALE	d number)			N OR LOCATI				Y OF DEATH			
וַק	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Inc CIT	Y. TOWN OR LO	CATION				1,00	I. INSIDE CITY		
DIRECTOR	MARYLAND BALTIM	ORE		EISTER						LIMITS?		
FUNERAL	21 SQUIRE CT.				10f. ZIP COD	136		10g. CITIZ US	EN OF WHAT	COUNTRY?		
B¥	1 Never Married 2 Married F	MS DECEDENT EVER ORCES? 1 TYPE YES, GIVE WAR OR	25 NO	If yes		n, Maxican,	C ORIGIN? (Specify Yea Puarto Rican, etc.)	or No—	Specify: WHI	American Indian, hita, atc. PE		
	15. DECEDENT'S EDUCATION (Specify only highest grade comple		16a. DECEDENT'S (Give kind of	USUAL OCCUP work done during se retired.)	ATION most of workli	ng	16b. KIND OF BUS	INESS/INDU	STRY			
COMPLETED	Elementary/Secondary (0-12) Colle	nge (1-4 or 5+)	HOUSE				AT HO	ΜE				
	17. FATNER'S NAME (First, Middle, Last) HORRIS ISAAC	SON MORR	IS ISACCSON	1	18. MOT	JENN	E (First, Middle, Maiden : TE		ASSERI	MAN		
TO BE	19a. INFORMANT'S NAME (Type/Print) SUSAN SCHER		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	=300			ERSTOWN ,	100	1 - 1			
	2017 METNOD OF DISPOSITION	20	0b. PLACE OF DISPO						lly or Town,	State		
	4 Donation 5 Other (Specify)						6/26/94	BAL	TIMOR	E, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICTUSES	-/			AND ADDRE		& BROS.,	INC.				
	Say / Wax	Den	_	60	O REI	STERT	OWN RD.	BALTO		21215		
	23. PART i Enter the diseases, or compil shock, or heart feliure. List of	cations that caus nly one cause on	ed the death. Do each line.	not anter tha	moda of dy	ing, such	as cardiac or reapi	ratory arre	at,	Approximata Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	0-000	0 14	10 0000 101 11000071001								
	reaulting in dasth)	DUE TO (OR AS	POBABLE MYD CARDIAL IN FARCTION DUE TO (OR AS A CONSEQUENCE OF):							FOUND		
z	- , C	ORONAR	Y ART	ERY	D15.	FASE				IN HER		
5	Sequentially list conditions, If any, leading to immediata cause, Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	ISEQUENCE OF):								
5	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						STEEL		
CERTIFICATION	resulting in death) LAST											
	PART II. Other significant conditions con	tributing to death	but not resulting	in the under	ving cause	given in F	Part I. 24e. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS		
ICAL	HYPERTENSIVE	ATHEROS	CLERO	TIC C	ARD10	VASC	ULA PERFOR	MED?	CO	MILABLE PRIOR TO MPLETION OF CAUSE		
MED	DISEASE, ALZ	HEIMER	S DISE	= ASE	1			45.110		YES 2 XNO		
N.	STATUS POST PITU	ITARY	ADENON	A RE	SECT	102						
PHYSICIAN:		SPITAL:		QTHER:	S. PLACE OF E							
ΤΥS		Inpatient 2 ER/O		4 Nursing	Home 5 R	esidence 8	Other (Specify)	NJURY OCC	URED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year,) IN	JURY M 1	WORK?	□ NO						
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, pacify)	street, factory,	office		28f. LOCATION (Street a City or Town, State)	and Number (or Rural Route	e Number,		
COMPLETED	29a. CERTIFIER (Check only One) 29a. CERTIFIER (Check only One) 29b. CERTIFIER (Check only One) 20c. CERTIFIER (Check only One) 20c. CERTIFIER (Check only One) 40c. CERTIFIER (Check only One)											
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	eywa	ATTEN	1CIAN		25	6 to	29d. DATE	SIGNED (MC	onth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO CON	30 \w. P	DEATH (ITEM 27) (Typ		ET	HT	WAR	INPE		21215		
	31. DATE FILED (Month, Day, Year) JUN 2 8 1994	gune David	Lan- Pande	[1,311 - 111	1017		-11-11-0		

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OF VI	
DIVISION	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			TAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	TOVALL				MC	TE OF DEATH DO	4	3. TIME OF DEATH 4 4 07 PM		
1	4. SOCIAL SECURITY NUMBER 219-07-0039 Se. FACILITY NAME (If not institution, give si	1 X M 2 □ F	№ M 2 🗆 F 87 YRS.			MIN. (M	TE OF BIRTH onth, Day, Year)	8. BIRTHPLACE (State or Foreign VIRGINIA			
TOR	Sinai Hospital 24		e Ave.		n or Location			Baltimore			
L DIRECTOR	Md. Balti			ry, town on Lo Baltimor	`e				10d, INSIDE CITY LIMITS? 1XX YES 2 NO		
FUNERAL	2233 Druid Hill	Ave			2121	7		-	S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12, WAS DECEDENT EYER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 / NO	If yes,	specify Cuban,	HISPANIC ORI Maxican, Puai Specify:	GIN? (Specify Yes to Ricen, etc.)	- 2	BACE — American Indian, Black, White, atc.		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of He. Do NOT to	work done during use retired.)	most of working		16b, KIND OF BUS	SINESS/INDUSTR	ry .		
BE CON	17. FATHER'S NAME (First, Middle, Last) Brack	Stovall			16. MOTHE	R'S NAME (FIR	Johnso	Sumame)			
TO B	19a. INFORMANT'S NAME (Type/Print) Johnny Stovall				et and Number or	Rural Routa N	umber, City or Tow	n, State, Zip Code) 21217		
	Johnny Stovall 2233 Druid Hill Ave. Baltimore. Md. 21217 20c. METHOD OF DISPOSITION A Burlal 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Loudon Park Cemetery 7/1/94 Baltimore, Md.										
	21. SIONATURE OF FUNESIAK SERVICE US	Exoeyw			11iam (wn Comm	unity F	uneral Home		
	23. PART I. Effier the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition a. REUMONIA 3DA4S										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CHF COPD RENAL FAILURE, MULTI-INFARCT DEMENTIA DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	petlant 3 □ DOA	OTHER:	PLACE OF DEA	e- e- e	of the land of the				
	27, MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF 28c.	INJURY AT WORK?	28d.	DESCRIBE HOW I	NJURY OCCURE	0		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, farm,	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET		CIAN: To the best of my know							rse(s) and manner as stated,		
BE	200. SIGNATURE AND TITLE OF CERTIFIER	L.MD			29c. LICENS	SE NUMBER		29d. DATE SIG	NED (Month, Day, Year)		
2	VILLAGE JOSEPH	SINK! H		o, Print) - of	BALTII	MORE					
	31. DATE FILED (MORTH, Day Year) 1994	Julia Dandon	A-Amplett								

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	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH A	AND MENTAL HYGII H REG. 1		
	1. DECEDENT'S NAME (First, Middle, L	1/1-1	ich		2. DATE OF DEATH	DAY YE. 2.5 94	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 425-18-2794 99. FACILITY NAME (If not institution, g	XX M 2 🗆 F 72	YRS.	F UNDER 1 YEAR IF UNDER 20 DAYS HOURS b. CITY, TOWN OR LOCATION	Min. (Month, Day, Year, 2/18/22		IRTHPLACE (State or Foreign ountry) Texas
стов	St. Agnes Hospi		Md.	Balt			
DIRE	10e. STATE 10b. CO			own or Location			10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO
FUNERAL	20 N. Monastery	12. WAS OECEOENT EVER	IN U.S. ARMEO S 2 NO	10f, ZIP COOE 2122 13. WAS OCCENOENT OF	HISPANIC ORIGIN? (Specify	U.S. Yes or No.— 14.	OF WHAT COUNTRY? A RACE — American Indian, Black, White, etc.
D BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? Y YE	Army	1 □ YES 2XXNO	Mexican, Puerto Rican, atc.) Specify:		Black
ETE	15. OECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	k done during most of working etired.)	1	BUSINESS/INOUST	ąγ
E COMPL	17. FATHER'S NAME (First, Middle, Last Unknown		Steel		Ind R's NAME (First, Middle, Mele ddie Mae	lustry den Sumeme)	
TO B	19a. INFORMANT'S NAME (Type/Print) Doreen S. Cooke 20e. METHOD OF OISPOSITION		20 N. M	onastery Av	e. Baltimore	, Md. 21	229
	1 X Burlel 2 Cremation 3 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SUIVING	Removal from State	ob. PLACE AND OATE OF emetery, cremetory or othe Garrison	orest Vet. 22. NAME AND ADDRESS William C	Cem. 7/1/94	unity Fu	Mills, Md.
	23. PART I. Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ira. List only one ceusa on	each lina.	enter the mode of dyin	g, such es cerdiec or re	apiretory arreet,	Approximata Intervel Betwee Onset and Deal Z WKS
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MEDICAL CE	PART It. Other significent cond	hypertop	but not resulting in	the underlying cause gi	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 FYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 12.	PITAL: 1 Inpetient 2 ER/Oc 26e. DATE OF INJUR	utpatient 3 DOA 4	THER: Nursing Home 5 Reel			
BY	1 Natural 5 Pending 2 Accident Investigat 3 Suicide 6 Could no	(Month, Day, Year,) INJUF	WORK? M 1 YES 2	NO 261. LOCATION (Str.		
PLETED	4 Homicide detarmine			at the time, deta end place, o	City or Town, St		
E COMPLET	onel	MINER: 99 the basis of examinat		In my opinion, death occured			
TO BE	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, P.	int))41843	10/0	2/194
						/	





TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mouns after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle BARTON)		EEN	S	r.			MONT	OF DEATH	× 9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-05-4370	5. SEX	6. AGE (In yrs. 83		IF UNDER 1 YE		F UNDER 24 HRS.	(Mon	OF BIRTH	010	Count	**
9a. FACILITY NAME (If not institution	give street and number)			9b. CITY, TO	OWN OR I	LOCATION OF DE	EATH	10,	9c. COU	INTY OF D	ryland DEATH
Manor Care-				Tow	son	1			Ba.	lti	more
	OUNTY		10c. CIT	TY, TOWN OR L	LOCATION	IN .				10d. INSIDE CITY LIMITS?	
Maryland Ba	ltimore		Ba	ltimo		IP CODE			I son cry	TEN OF	1 YES 2 NO
216A Rogers	Forgo Po	. a d			1200	21212			3,000	U.S	
11. MARITAL STATUS	12. WAS DECED	ENT EVER IN U.S.	ARMED	13. WAS	S DECEN	IDENT OF HISPAI	NIC ORIGI	N? (Specify Ye		-	E — American Indian, sk, Whita, etc.
1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES? IF YES, GIVE	1 YES 2	No	If ye	es, specif	Ify Cuban, Maxica NO Specif	en, Puerto	Rican, atc.)		Spec	
15. DECEDENT (Specify only higher	S EDUCATION	18e.	DECEDENT'S	S USUAL OCCU work done durin	JPATION	of working	16	b. KIND OF BU	SINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or	5+)	life. Do NOT u	ise retired.)	ing most c	or working					
12	3	Sa	lesm	an				Lique		ale	S
17. FATHER'S NAME (First, Middle, L	71					18. MOTHER'S NA				11-	
John Tinney 19a. INFORMANT'S NAME (Type/Pris			401- 444 11 114	ADDRESS (C)		Emma I					geist
Robert G. Skee			237C	Rogers	s Ro	orge Rd	:Bal	t:Md.2	1212	p Code)	
20a. METHOD OF DISPOSITION		20b. PLA		E OF DISPOSI	-		DAT		OCATION —	- City or T	own, State
Buriel 2 Cremetion 3 (y or other place	e)		1				
21. SIGNATURE OF BUNERAL SERVICE LICENSER / St. James Parish Cem 6/28 Lothian, MD											
	ICE LICENSER	1		22. NAI	ME AND	ADDRESS OF FA	CILITY .				
>Thomas	A Hardo	ites		На	rde	esty F	uner	al Ho	ome,	P.A	
23. PART I. Enter the disease	A Haule	Multiple And the	death. Do	Ha	rde	esty Fi	uner	al Ho	ome,	P.A	is MD 214
23. PART I. Enter the disease ahock, or heart for immediate CAUSE (Finel disease or condition resulting in death)	A Haule a, or complications to liure. List only one of	ause on each i	ine.	Ha. 12 not antar the	rde Ri a moda	esty Fi	uner Ave	ral Ho	ome,	P.A.	Approximate interval Between Onset and Dea
ahock, or heart for iMMEDIATE CAUSE (Final disease or condition	a, or compileations tillure. List only ona compileations to the compileations to tillure. List only ona compileations to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to the compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to tillure. List only ona compileation to t	hat caylead the ause on each i	SEOUENCE C	Ha. 12 not antar the	rde Ri a moda	esty Fi	uner Ave	al Ho	ome,	P.A.	Approximate interval Betwee Onset and Dec
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

_	***************************************				OLITTI	ICAI	L OI			RE	G. NO.			
	1. DECEDENT'S NAME (First									2. DATE OF DI	EATH DAY	,	YEAR	3. TIME OF DEATH
	Albert J.		S 5. SEX							June :	_	1994		6:30 A.M
	4. SOCIAL SECURITY NUMBER		rs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	MIN.	7. DATE OF BI (Month, Day,			8. BIRTH Count	1PLACE (State or Foreign ry)		
	010-18-3234 1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\									May 4	achusetts			
_	9e. FACILITY NAME (If not is		treet and number)					OR LOCATI		ATH		9c. COU	NTY OF D	EATH
DIMECTOR	1906 Oakle	_				Gle	en B	urnie	2		_	An	ne A	rundel
ן ב	RESIDENCE OF DEC	10b. COUNTY	,		10c. Cl	ry, town	OBLOC	ATION						10d. INSIDE CITY
=	Maryland	Anne	Arundel			len								LIMITS?
	100. STREET AND NUMBER		ar onder	-		Ten		Of, ZIP COD	E			40+ OIT	TEN OF I	1 ☐ YES 2 🛣 NO WHAT COUNTRY?
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LONEHAL	11. MARITAL STATUS	1101	12. WAS DECEDEN	IT EVER (N.II.	S ARMED	12	WMS DE			IIC ORIGIN? (Spi				
	1 Never Married 2 🛚	Merried	FORCES? 1	YES :	2 NO	"	ff yes, s	pecify Cube	ın, Mexica	n, Puerto Rican,	etc.)	Or 140—	Black	E — American Indian, k, White, efc.
Ŕ	3 Widowed 4 Divo	orced	1940-		.5		1 10	S 2 😡 NO	Specify	r:			Spec	White
3		EDENT'S EDUC		16	Sa. DECEDENT'S (Give kind of	USUAL (CCUPAT	ION		16b. KIND	OF BUS	INESS/INI	DUSTRY	
4	Elementary/Secondary (College (1-4 or 5	+)	We. Do NOT L	isa retired.,)							
1 2	11			N	1.Sgt.	U.S.	Ma.	rine	Corp	Mil	itar	У		
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)			_			18. MOT	HER'S NA	ME (First, Middle.	Meiden S	Sumame)	_	
2	Unknown							Un	know	n				
5	19e. INFORMANT'S NAME (Route Number, Cit				
-	Anne Salon	1S			1906	0akl	.ey .	Rd.,	Glen	Burnie	≥, M	D 21	061	
	20e. METHOD OF DISPOSIT 1 Ø Burlel 2 ☐ Crematic		oval from State		ACE AND DATE			lame of		DATE	20c. LOC	ATION —	City or To	own, State
	4 Donation 5 Dother			Cro	ownsill	e MI) Ve	t. Ce	m. 6	-29	Cro	wnsv	ille	, Maryland
ı	21. SIGNATURE OF FUNERA	LL SERVICE LIC	ENGEE .	1		22 [4	22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home							
	134	Lay	LLL	\rightarrow	_									e, MD 21061
	23. PART I. Enter the d	lisesses, or o	omplications the	it caused th	ne deeth. Do									Approximata
	IMMEDIATE CAUSE (Fig		List only one cau		-									interval Between Onset and Death
	diseese or condition	→	Rad	ialia	· Pac	Um	me	175						Zmo.
	resulting in death)		DUE TO	(OR AS A CO	ONSEQUENCE O									
2	danswith the treatment of		Non su	nall	cell !	of: lung cancer								8 mo.
2	Sequentielly list condit if any, leading to imme	tions, diate	DUE TO	(OR AS A CO	ONSEQUENCE C	F):								
RIFICATION	cause. Enter UNDERLY CAUSE (Disesse or Inju	ING	e emp	hyse	me									5 405.
	that initisted events resulting in death) LAS		DUE TO	(OR AS A CO	ONSEQUENCE O	PF):								
5	resulting in death) LAS	" (d											
3	PART II. Other significe	ent condition	e contributing to	deeth but	not regulting	in the u	nderivi	ng ceuse i	given in	Pert I 24a	WAS AN	HITTOPSY	245	. WERE AUTOPSY FINDINGS
5											PERFORI	MED?	1	AMILABLE PRIOR TO COMPLETION OF CAUSE
			·							— ¹□	YES 2	NO NO		OF DEATH?
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	25. WAS CASE REFERRED T					ULA I				eck only one)				
SICIAIN.	EXAMINER?		HOSPITAL:	- FR Wastered	a a	OTHE	R:							
	27. MANNER OF DEATH		1 Inpatient 2 I		26b. TII	4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify) IME OF 26c, INJURY AT 28d, DESCRIBE HOW						ILIBY OC	CUBED	
1		Pending	(Month, E	Day, Year)		JURY	W	ORK? YES 2	NO.	Zoo. DEGOMBE		ooni oc	CONED	
	a District	Investigation	28e. PLACE C	F INJURY —	At home, ferm.	street, for				28f. LOCATION	(Street or	nd Numbe	r or Rural I	Poute Number
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)						,,			City or Tow	n, State)	na rvornos	Or Horar r	toole Humber,
	29e. CERTIFIER	TIEVALO BUVOL		71.1.		11000	40 X	_				_	_	
MILE			CIAN: To the best of											
3				xamination er	nd/or investigati	on, in my	opinion,	death occu	red at the	time, date end p	elece, and	due fo ti	he ceuse(s	s) end menner es stated.
4	296. SIGNATURE AND TITLE	OF CERTIFIER		0	24.	1.			ENSE NUN			29d, DAT	E SIGNED	(Month, Day, Year)
5	June 1	1 HOL	den m				Υ	OH	05-	5283		J	une :	28, 1994
	30. NAME AND ADDRESS OF													
	David Holde	en, M.I)., 8901	Wisco	nson A	ve.,	Bet	hesd	a, Ma	aryland	208	389		
	31. DATE FILED (MONTH PORT	994	Jula Day	R'S SIGNATI										
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	•	FOR STATE REGISTRAR
П	D	ECEDENT'S NAM

_	REGISTRAR		CEI	KIIFIC	AIEU	FUEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	DANIE			SNYI	ER	2. DATE OF D	D/		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b	oirthdeu) III	F UNDER 1 YEA	R IF UNDER 24 HRS.	JUNE 7. DATE OF BI	19)	94	8:00 A M
	212-86-0380	1 🔀 M 2 🗆 F	22		ONTHS DAY		(Month, Day,	Ybar)	72	Count	ARYLAND
_	9a. FACILITY NAME (If not institution, give st			91	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					EATH	
DIRECTOR	SAVAGE MILLS F	RIVER			SAVA	AGE			НО	WAR	D
E	10a. STATE 10b. COUNTY	,	- 1	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY		
		E ARUNDE	<u> </u>		GLE	BURNIE					LIMITS?
FUNERAL	100. STREET AND NUMBER 112 N. JEROME	PARKWAY		101. ZIP CODE 21060						what country?	
BY FUN	11. MARITAL STATUS XXX Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 25 NO Specify Specify					Spec	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUC		16a, DECE	DENT'S US	UAL OCCUPY	TION	T 18h KIND	OF BUS	SINESS/IN		LIE
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give	kind of work o NOT use re	k done during	most of working					
COMPLETED	12	0	LAI	NDSC.	APER		LAN	VDS(CAPI	NG	
	17. FATHER'S NAME (First, Middle, Lest) JOHN S. SNYI	DER				18. MOTHER'S NA LORRA		Maiden	Sumame) WEI	NS	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. I	MAILING AD	DORESS (Street	et and Number or Rural I	Route Number, Ch	ty or Towi	n, State, Zi	lp Code)	21060
임	JOHN S. SNYI	DER	1:	12 N	. JEI	ROME PAR	KWAY-G	LEN	I BU	RNI	E, MD.
	20e. METHOD OF DISPOSITION 1	ovel from State	20b. PLACE AN				6/23	20c. LO		City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	· //	L. Ko	ufme	m	RA 426	MOND C. CRAIN	FINK HWY.S.	FUN.	JERA LEN	L HO	OME 21061 RNIE,MD.
7	23. PART I. Epfer the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in deeth)	n	on aech iina.	un	MYC)	n as cardiec c	эт геврі	ratory ar	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	e contributing to de	eth but not ree	witing in t	the underly	Ing ceuse given in	Part i 24s	MAC AN	AUTODOV	246	. WERE AUTOPSY FINDINGS
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PHYSICIAN: M	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEATH	YES NO					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (Chi	ock only one)				
YSI	1 XXES 2 □ NO	1 Inpatient 2 E	R/Outpatient 3	DOA 4	THER:	ome 5 🗆 Residence	Other (Spe	cify)RI	VER		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF IN. (Month, Day,		28b. TIME O	Υ	NJURY AT WORK? YES 2 NO	28d. DESCRIB	E HOW II	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide determined	26s. PLACE OF II building, atc	JURY — At home (Specify)	, ferm, stre	et, factory, o	fice	281. LOCATION City or Tow		nd Numbe	or Or Rural I	Route Number,
COMPLETED		CIAN: To the best of my									
Š	one) XX MEDICAL EXAMINE	R: On the basis of exam	lination end/or inv	eatigation, i	In my opinior	, death occured at the	time, data and p	place, en	d due to t	he cause(a) and manner as stated.
BE	296. STANATURE AND TITLE OF CERTIFIER	Cal	- 11			29c. LICENSE NUN					(Month, Day, Year) 20,1994
၀	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE				O.C.M					
	31. DATE FILED (MONTH, Day, Mar)	SI PROSTRAD'S	SIGNATURE	renn	stre	et, Bal	Limore	, P	ary	Tane	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760. TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death within 72 hours after death within 72 hours after 18 is mark

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	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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	1. DECEDENT'S NAME (First, Middle, Las	it)		CATE OF DEATH	2. DATE	REG. NO.		3. TIME OF DEATH
ı	VERNON JOH	N SMITH			JUN		1994	
	4. SOCIAL SECURITY NUMBER 212031345	5. SEX 1 ∰M 2 ☐ F		FUNDER 1 YEAR FUNDER 24 ONTHS DAYS HOURS &	HRS. 7. DATE	OF BIRTH	8. BIRT Cour	THPLACE (State or Foreign MARYI.AND)
	9a. FACILITY NAME (If not institution, given 1311 L.ONGVIE) RESIDENCE OF DECEDENT	A CONTRACTOR OF THE PARTY OF TH	9	ROSEDALE		9c.	COUNTY OF BA	DEATH LTTMORE
	10a. STATE 10b. COUR	VTY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MI) 100. STREET AND NUMBER		BALTO	ROSEDALE		100	. CITIZEN OF	1 YES 2 NO
	1311 LO	NGVIEW AVE	NUE	21237				USA
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 PNO AR OR DATES	13. WAS DECENDENT OF H If yea, specify Cuban, A 1 YES 2 NO	fexicen, Puerto		Bla	CE — American Indian, ck, White, etc. octy:
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5 +	We Do NOT Head	rk done during most of working	168	. KIND OF BUSINES	SS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last)		STEEL		EASTERN		LESS	
	GEORGE SMITH 19a. INFORMANT'S NAME (Type/Print)			LOU	ISA	Middle, Melden Surne BROLIJ		
	ANNA M. SMI	TH		DORESS (Street and Number of LONGVIEW AVE		ROSEDALE		21237
	20a. METHOD OF DISPOSITION 1 © Burlet 2 Cremetion 3 Re	emovat from State	20b. PLACE AND DATE OF cemetery, cremetory or other		DAT	_	ON — City or	
I	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICHNIES	_ I OAKLAWN (22. NAME AND ADDRESS		FUNERAL.	TO., M	1)
	23. PART I. Enter the diseases, or ahock, or haert fellum iMMEDIATE CAUSE (Final	e. Liet only one caus	se on aach line.	1211 t enter the mode of dying	CHESACO	O AVE 2	1237	
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BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPART			MENTAL HYGIEN REG. NO					
	t. DECEDENT'S NAME (First, MICON, Late SERAFINA CANGE)					2. DATE OF DEATH MONTH JUNE 23		3. TIME OF DEATH 7:25 A M			
	4. SOCIAL SECURITY NUMBER 216-12-9598	1 □ M 2 🖾 F 7	2 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) October 28, 1	Cou	ripplace (State or Foreign ntry) ryland			
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, Town OR LOCATION OF DEATH 8072 Atriol Road Mardella Springs Wicomico										
DIRECTOR	10a. STATE 10b. COU	icomico		rdella	Springs			10d. INSIDE CITY LIMITS? 1 YES 2 XYO			
FUNERAL	PU BOX 249				21837		USA	WHAT COUNTRY?			
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxic 2) NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Die	CE — American Indian, ck, White, etc.			
COMPLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Homemak	rk done during mo retired.)	DN st of working		Home				
Sol	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maiden					
BE (John Cangel	osi		EE		etta Brocci					
5	Annetta M. Schleupner 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) POBox 249 Mardella Springs Maryland 21837										
	20b. PLACE AND DATE OF DISPOSITION 1 N										
	Dennis Ste	LICENSE	M00640	22. NAME A	D ADDRESS OF F	hell-Wieder d Baltimore	feld Hom	e			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditi	one contributing to deeth i	but not resulting in	the underlyin	j ceuse given ir	Part I, 24a, WAS AN PERFOF	MED?	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN: N	25, WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C	8 Other (Specify)					
	27. MANNER OF OEATH 1 Natural 5 Pending Investigatio	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 25c. INJ		28d. DESCRIBE HOW I	NJURY OCCURED	57. A.S.			
TED BY	2 Accident Investigatio 3 Suicide 6 Could not 8 4 Homicide detarmined	28s. PLACE OF INJUST		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	anal	YSICIAN: To the best of my know						(s) and manner as stated.			
TO BE C	29b. SIGNATURE CHIEF TITLE OF CERTIF	· W	M		29c, LICENSE NU	SUT	29d. DATE SIGNE	13 94 23 94			
	30. NAME AND ADDRESS OF PERSON OF THE STATE	1 622ASC	45 E. C	nen Arrol	1 st	SAUSBUR	y MO	21801			
	31. DATE FILEN 2 8 1994	of begisternes sign	n-Andell								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attend	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT Is from 90 to marginal or from 92 about any injury or other features of the modifical assemble to marginal as

	REGISTRAR 1. DECEDENT'S NAME (First, Mids	ide to a			CERT	IFICA	ALE OF	- DEA	IH		REG. NO.				
	Sybil Heler		arp							2. DA MO	ne 23,	199	о Ž ^{AR}	3. TIME OF DEAT 2:30	гн а м
	4. SOCIAL SECURITY NUMBER	- T	5. SEX	8. AGE (In	yrs. lest birthd		NDER 1 YEAR	_	R 24 HRS.	7. DAT	TE OF BIRTH		6. BIRTH	PLACE (State or Fo	
	217-32-9353		1 M 2 X F	96	YR			HOURS	MIN.		ch 12, 18	398	Maryl	and	
œ	90. FACILITY NAME (If not institute The Maryland I						96. CITY, TOWN OR LOCATION OF DEATH Hunt Valloy					9c. COUNTY OF DEATH			
CTO	RESIDENCE OF DECED	ENT	TC HOME				Hunt Valley					Baltimore			
DIRECTOR	2001000-00	.county Balti	more				WN OR LOCA							10d, INSIDE CITY	
AL	10e. STREET AND NUMBER	ратст	MOLE		- 1 -	iuiit	unt Valley 10g. CITIZEN OF WHAT					1 X YES 2 -	NO		
E	300 Internat:	ional	Circle					2123	0			150	S.A.		
FUN	1 Never Married 2 Merried FORCES			T EVER IN U	2 NO		13. WAS DE	CENDENT	OF HISPAN	IIC ORIG	GIN? (Specify Yes	or No-	14. RACE Black	- American India, White, etc.	en,
BY	3 XX Wildowed 4 Divorced			MAR OR DATE	ES		1 🗌 YE	S 2 X NO	Specify	r:			Specif	white	
ETED	15. DECEDER (Specify only high	NT'S EDUCA	TION ompleted)	10	6a. DECEDEN (Give kind	of work a	lone during rr	ION nost of worki	ing	1	66. KIND OF BUS	INESS/INC	USTRY		
PLE	12 years		College (1-4 or 5	+)	Homen		e retired.)				O II				
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Melden Surneme)						_		
BE	John David Pfeiffer							Ch	rist	ina	Kroll				
2	190. INFORMANT'S NAME (Type/F						imber, City or Town								
	Clarence William Sharp 6401 Ocean Pines Berlin, Maryland 21811 20e, METHOD OF DISPOSITION 1 & Burliet 2 Cremetton 3 Removal from State 20b. Place AND DATE of DISPOSITION (Name of Computation of Charles) of Computation of Charles of Computation of Charles of Computation of Charles of Computation of Charles of Computation of Charles of Computation of Charles of Computation of Charles of Cha														
	Donation 5 Other (Special) Mr. Olive Cemetery U.M.C. June 25, 1994 Randallstown, Maryland 22 NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc.														
	21. SIGNATURE OF FUNDRAL SE		MITCH	AND ADDRE	SS OF FA	efe	ld Home	Tnc							
22 NAME AND ADDRESS OF FACILITY MITCHELL—Wiedefeld Home Inc. 6500 York Rd. Baltimore, MD 2121 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,											L2				
	snock, or neert	ses, or co fellure. Li	mplications the et only one cau	t caused the	he deeth. D h line.	o not e	nter the m	ode of dy	ing, suci	n ss ce	ordiec or reepi	ratory sm	est,	Approxima	
	IMMEDIATE CAUSE (Final disease or condition		ā	arrytl	mia									Onset and	Desth
Ì	resulting in death)	8.	DUE TO	(OR AS A C	ONSEQUENC	OF):									
5	Sequentially list conditions	, b .	Due To	O (OB AS A COMPECUIENCE OF									_		
5	If any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
CER	resulting in death) LAST														
ا ب	PART II. Other significant co	onditions	contributing to	deeth but	not resulting	ng In the	underlyir	ng csuse	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FI	NDINGS TO
MEDICA	CVA									_	1 TES 2			COMPLETION OF COMPLETION OF C	
														1 YES 2 h	10
SIAN:	25. WAS CASE REFERRED TO ME EXAMINER?						26. F	PLACE OF D	EATH (Che	ck only	one)	_			
PHYSICI	1 TYES 2 NO		HOSPITAL:	ER/Outpatk	ent 3 🗆 DO		HER: Nursing Ho	me 5 🗆 R	eeldence	6 🗆 Ot	her (Specify)				
	27. MANNER OF OEATH 1 Natural 5 Pend	ling	28e. DATE OF (Month, D		28b.	TIME OF	W	JURY AT ORK?	_	28d. O	ESCRIBE HOW I	JURY OCC	CUREO		
BÁ	2 Accident Invest 3 Suicide 6 Could	tigation	28e. PLACE O	F INJURY —	At home, len		_ ' _	YES 2 [NO	281. LC	OCATION (Street e	nd Number	or Rural R	oute Number	-
	_ COUR	mined	building,	etc. (Specify)						CA	ty or Town, State)				
PLE	29e. CERTIFIER (Check only	IG PHYSICI	AN: To the best of	my knowled	ge, death occ	urred at t	the time, dat	e end place	, end due	to the c	cause(e) end man	ner ee stat	ed.		
COMPL	2 MEOICAL	EXAMINER:	On the basis of a	xamination e	nd/or investig	etlon, in i	my opinion,	death occu	red at the	říme, da	nte end place, end	due to th	e ceuse(e)	end manner ee st	lated.
BE	29b. SIGNATURE AND TITLE OF C	CERTIFIER	^						ENSE NUM	BER				(Month, Day, Year)	
2	30. NAME AND AODRESS OF PER	ISON WHO	COMPLETED CAUS	SE OF OEATH	1 (ITEM 27) (1	D40208 June 23, 1994									
								ither	vi114	. N	MD 2109	3			
	31. DATE FILED (MONT). DR. YOU	04	1205 York Rd. Suite 32C Lutherville, MD 21093												
	ווא א מוון.	MZI	7 (44) 40 /-												

OF OEATH

use as the burial-transit permit. Pages 1, 2, 3 should

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CERTIFICATION

PHYSICIAN: MEDICAL

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nours after death. Page 6 may be retained by the hospital or attending physician. page 5 should be detached for been signed by the attending physician and completely filled in by the funeral director, pt. of Health and Mental Hygiene prior to burial, cremation, or removal. the death certificate be executed within that HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law in TOTHE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 s

										14	1873
FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	RTMENT O	F HEAL	TH AND	MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First DARIA	t, Middle, Last)	J.	STO	NE				JUNE 23,	1 99	4 YEAR	3. TIME OF OEA 5:55A
4. SOCIAL SECURITY NUMBER 215-60-57		5. SEX	6. AGE (In yrs.	lest birthday) YRS.	MONTHS DA		NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) MAY 15.1	953	Count	HPLACE (State or I
98. FACILITY NAME (II not let THE JOH RESIDENCE OF DEC	NS HOP	KINS HOS	PITAL		яь. сіту, то ВА		RE CI	EATH		UNTY OF I	
MD •	BAL	r TIMORE			Y, TOWN OR L						10d. INSIDE CIT LIMITS? 1 YES 2 (X
100. STREET AND NUMBER 43 TOWN		ROAD				10f. ZIP C				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive	Married		IT EVER IN U.S. I YES 2	, NO	If yo		uban, Maxica	NIC ORIGIN? (Specify Yer in, Puerto Rican, etc.) 'y'	or No-		*
15. DEC (Specify on	CEDENT'S EDU- ly highest grade D-12)	CATION completed)			WOUND OCCU work done during se retired.)		orking	16b. KIND OF BU	SINESS/IN		

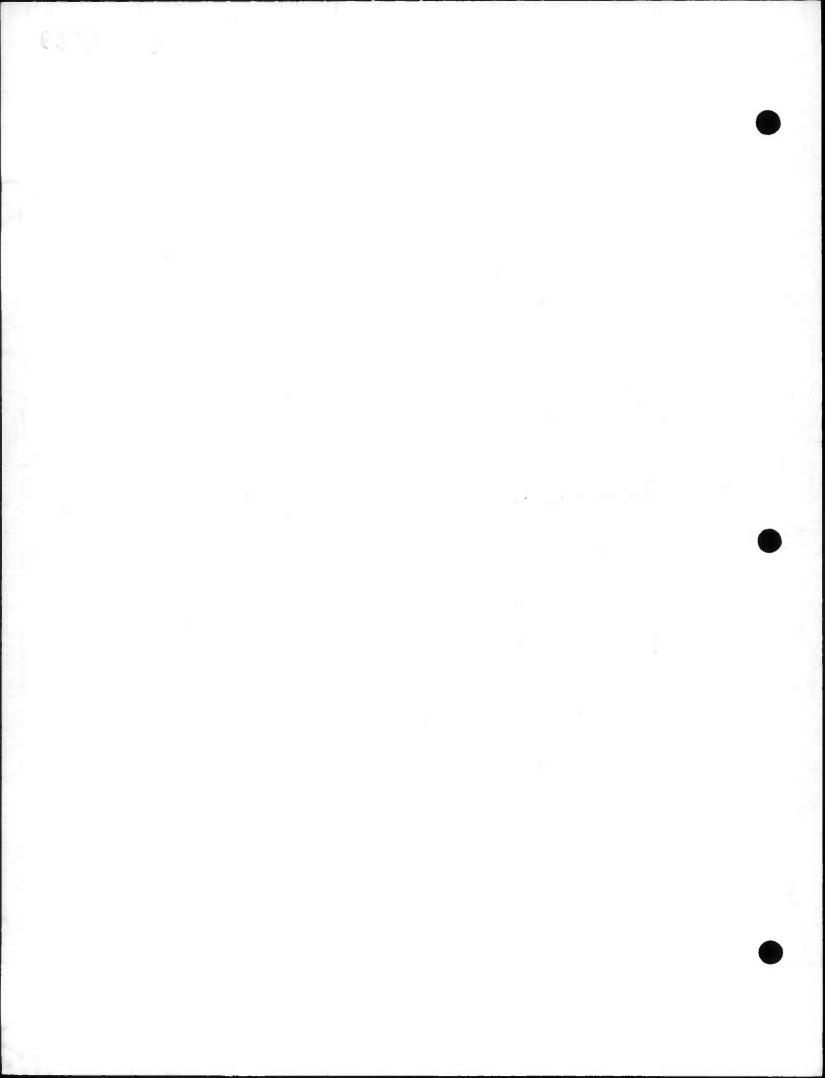
State or Foreign , MD HDE CITY ES 2 NO JNTRY? ican Indian, etc. COOK RESTAURANT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnam FRANK JANOWICH, SR ELIZABETH TOMAK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) , 17321 PENNSYLVANIA JERRY A. RD.#1,P.O.Box 305, FAWN GROVE 20a. METHOD OF DISPOSITION
1 □ Burlel 2X X remation 3 □
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, State GREEN MOUNT CREMATORY BALTO 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Edison M.Perkins Bradley-Ashton Funeral Home, 21222c. 2134 Willow Spring Rd., Balto Md 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete shock, or heert fellure. List only one ceuse on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) RRHUSIS Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): PATITIS BINFECTIC
DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Diseese or Injury thet initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 - ER/Outpetient 3 -DOA 8 Other (Specify) ng Home 5 🗌 Ras 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WOSFE MD

JANE DUNG 600

31. DATE FILED (Month, Day, Year)

JUN 28 1994

32. REGISTRAR'S SIGNATURE in Dinden Ra



FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and location of the forest of may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	0	CERTI	FICATE	OF DEATH	and the same of	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				OI BEAIN	2. DATE OF	DEATH		3. TIME OF DEATH			
	JERRY L.	SMITH				JUNE	25. 19	994	9:15 P M			
	4. SOCIAL SECURITY NUMBER 5. SI		(In yrs. last birthda)			7. DATE OF	BIRTH	8. BIRTI	IPLACE (State or Foreign			
	203 31 7013	M 2 🗆 F	48 YRS.	MONTHS E	MYS HOURS MIN.	2-1	3-1946	PEN	INSYLVANIA			
_	9s. FACILITY NAME (If not institution, give street an	d number)		9b. CITY, TO	OWN OR LOCATION OF	DEATH	90	COUNTY OF D	HTAS			
CTOR	3017 GREENWAY DRIV	/E		EL	LICOTT CIT	Y		HOWAR	CD			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100.0	ITY, TOWN OR	OCATION				10d. INSIDE CITY			
DIRE	MARYLAND HOWAR	an a			TT CITY				LIMITS?			
	10e. STREET AND NUMBER	<u> </u>		ELLLICO	10f. ZIP CODE		T 10	a CITIZEN OF	1% YES 2 NO			
FUNERAL	3017 GREENWAY DRIV	7E			21042)		U.S.				
5	11. MARITAL STATUS 12. V	WAS DECEDENT EVER		13. WA	S DECENDENT OF HISP		Specify Yes or N	14. RAC	E — American Indian.			
BYF		ORCES? 1 1 YES		If y	es, specify Cuben, Maximum YES 2 X NO Specific NO Spec	cen, Puerto Rice		Spec	k, White, stc.			
9	15. DECEDENT'S EDUCATION	r u	18a. DECEDENT	'S USUAL OCC	JPATION	16b, KI	NO OF BUSINES	SS/INDUSTRY	WILLE			
COMPLETED	(Specify only highest grade complete Elementary/Secondary (0-12) Coll	eted) ege (1-4 or 5+)	(Give kind o	f work done dur use retired.)	ing most of working		OTHING					
7	12	2	DATA PR	OCESSI	NG MANAGER	ME	RRY-GO-	-ROUND,	INC.			
5	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, Mide	dle, Maiden Surn	ame)				
BE	ADOLPHUS SM	1ITH			MAL	VENIA	GUENO	TC				
0	19s. INFORMANT'S NAME (Type/Print)				treet and Number or Rura							
-	MARGARET L. SMITH				WAY DRIVE,	ELLIC	OTT CIT	ry, MD.	21042			
	20s. METHOD OF DISPOSITION 1 XBurist 2 Cremston 3 Removal fr	om Stats Cr	b. PLACE AND DAT	other place	ON (Name of	OATE	20c. LOCATIO	ON — City or To	own, Siets			
	4 Donation 5 Other (Specify)		MEADOWRI.	MORIAL PAR		ELKRI	IDGE, M	ARYLAND				
	12000 N	1	Marine Control of the		ERLING ASH		NERAL F	HOME. T	NC.			
	23. PART i. Enter the disease, or compl	uls	M00550	73	6 EDMONDSO	N AVE.	, BALTI	IMORE.	MD. 21228			
EMITFICATION	ehock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART ii. Other significant conditions con	PART ii Other significant conditions contributing to death but set socialize in the										
PHTSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO			
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH (C	Check only one)						
Ž.		SPITAL: Inpetient 2 - ER/Ou	tpetient 3 🗆 DOA	OTHER:	Home 5 N Residence	8 Other (S	pecify)					
BY PRI	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		YJURY	C. INJURY AT WORK?	28d, DESCR	IBE HOW INJUR	RY OCCUREO				
		28e. PLACE OF INJUR building, atc. (Sp	IY — At home, farm	, street, lectory	, office	28f. LOCATIO	ON (Street and A fown, State)	Number or Rural i	Route Number,			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On								s) and manner as stated.			
2	29b. SIGNATURE AND TITLE OF CERTIFIER	II.	ND		29c. LICENSE N		290		(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF D	EATH (ITEM 27) (Ty)	pe, Print)	Columb	_	MD	21043				
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		4 4 64			() D	7,0,40				
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within alours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	for 1 - STATE REGISTRAR	STATE OF MARYLAND / DE	EPARTMENT OF HE	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Martha Vo	725 Taylor			June 26	1994	1:17 P M			
	4.4 .0 400.	SEX 6. AGE (In yrs. lest birt	thday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTTE Count	IPLACE (State or Foreign			
OR		end number)	96. CITY, TOWN OF	LOCATION OF DE		9c. COUNTY OF 0	EATH			
딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10	c. CITY, TOWN OR LOCATIO				10d. INSIDE CITY			
DIRECTOR	Md		BALTZI				LIMITS?			
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF Y				
ER	308 S. SPE	ZNG CT		2/23.		u.	, S.A.			
FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Merried	P. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			HC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14, RACI	E — American Indian, k, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		NO Specifi		Spec				
ED	15. DECEDENT'S EDUCATI	ION 16a. DECED	ENT'S USUAL OCCUPATION	1	16h KIND OF BUI	SINESS/INDUSTRY	MCK			
E	(Specify only highest grade com	npleted) (Give ki	Ind of work done during most NOT use retired.)		No. Allo Or Box	3111E33/111D031R1				
COMPLET		De	MESTI	م	PRIVA	TE. HE	ome			
8	17. FATHER'S NAME (First, Middle, Last)	7_ /		18. MOTHER'S NA	ME (First, Middle, Malden	Surneme)				
8E	PERCY FI	9RHBM7		AdEL	1 179	RENT				
٥	190. INFORMANT'S NAME (Type/Print)	19b. M/	AILING ADDRESS (Street en	d Number or Rural i	Route Number, City or Tow	n, State, Zip Code)				
	20a. METHOD OF DISPOSITION	20h BLACEAND	DATE OF DISPOSITION (Name	RING	DATE 20c. LO	170., m	121231			
	1 Buriel 2 Cremation 3 Removal 4 Donetion 8 Other (Specify)	I from Stata cemetery cremato		me of	7/1 /2	CATION — City or To	own, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22. NAME AND	ADDRESS OF FA	CILITY CILITY	5 ZIN	EPPI LAND			
	> 4/10//m	/ Lunga Stoo	- 1100	11/2	2-1-1	- Por	come para			
	23. PART I, Enter the diseases, or com	plications that caused the death	. Do not antar the mod	a of dving, suc	h se cardiac or read	ratory arrest.	Approximats			
	shock, or heart failure. List	t only one cause on each line.					Intarval Between Onset and Death			
	disease or condition resulting in dasth) Stroke									
	e	DUE TO (OR AS A CONSEQUEN	NCE OF):				6-8 days			
S O	Sepsis Sequentially list conditions,									
ATI	If any, leading to immediate									
ᆵ	CAUSE (Disease or injury that initiated events	End Stage F	KELIAT DISE	ease						
CERTIFICATION	resulting in death) LAST									
AL C	PART II. Other significant conditions of	ontributing to dasth but not rasu	Iting in the underlying	cause given in	Part I. 24s, WAS AN	AUTOPSY 24b	. WERE AUTOPSY FINDINGS			
CA					PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
闄) N	DF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CO	ONTRIBUTE TO CAUSE	OF DEATH Y	ES NO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLA	CE OF DEATH (Ch	eck only one)					
YSI	1 VES 2 NO 1	Inpatient 2 ER/Outpatient 3 C		5 🗆 Reeldence	8 Other (Specify)	_				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	b. TIME OF 18c. INJURY WOR	K?	28d. DEŞCRIBE HOW I	NJURY OCCURED				
BY	2 Accident Investigation	28e. PLACE OF INJURY — At home,		S 2 NO	201 LOCATION (C)		20 40 41 412			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	ionii, scient, inclory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
J.	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, death of	occurred at the time date a	nd place, and due	to the saure(e) and man	nan as stated				
DME		On the beele of examination end/or investigation) and manner ee stated,			
	29b. SIGNATURE AND TITLE OF CERTIFIER	7 1 10		29c. LICENSE NUM		29d. OATE SIGNED				
) BE		wagar Her.	MD	8919		► 6/2	6/94			
5	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH (ITEM 27	(Type, Print)				7			
	Liaquat Ali,	M.D. c/o Mary	yland Gene	eral Ho	spital					
	JUN 2 8 1994	32. RIGISTRANIOSIGNATURES JUNE DEVICES PAN	delle							
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DIVISION OF VITAL RECORDS, P.

TO THE HIGSPITAL OR ATTENDING PHYSICIAN. The law remaines that the death certificate he executed within 24 hours after fleath. Pane 6 may be retained by the hoseital or artendary obscission
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT If item 28 is marked or item 23 shows any injury or other traumatic event the medical evanulator must be notified at once
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF HEALTH A	ND MENT	AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	TE OF DEATH		3. TIME OF OEATH
	Regina TARLETON.				MON	26/94	YEAR	100000000000000000000000000000000000000
		SEX 6. AGE /ln vi	rs. last birthday)#F	INDER 1 YEAR IF UNDER 24		E OF BIRTH		1759 M
	213-12-6342 1	□ M 2 []2 F	75 YRS. MON		am. 8	oth, Day, Year)	S. BIRT	HPLACE (State or Foreign intry)
_	9a. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN OR LOCATION	OF DEATH		9c. COUNTY OF	DEATH
DIRECTOR	RESIDENCE OF DECEDENT	1-105027	AL L	BALTIME	CRE			
M	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
ä	Md		130	ITEMOR	E			LIMITS?
	10e, STREET AND NUMBER		1	10f. ZIP CODE			100 CITIZEN OF	WHAT COUNTRY?
R	1038 April	10 Aug			120	/		5. K.
FUNERAL	11. MARITAL STATUS	. WAS DECEDENT EVER IN U.	S. ADMED	13. WAS DECENDENT OF I	,			DE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes, specify Curban, I	laxican, Puart		Bia	ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE:	5	1 TYES 2 NO	Specify:		300	icity:
8	15. DECEDENT'S EDUCATI	ON 16	a. DECEDENT'S USU	AL OCCUPATION	1	6b. KIND OF BUSI	JESS/INDUSTRY	TICK
E	(Specify only highest grade corr	npleted)	(Give kind of work life. Do NOT use ret	done during most of working		ob. Kilvo or Bosi	4E33/INDOSTRY	
COMPLET	Elementary/Seconda (0-12)	ollege (1-4 or 5+)	111/5 n	20/01/50				1
M	17. FATHER'S NAME (First, Middle, Last)	4	WIVE	rugu				
	T. PATHER'S NAME (PIIS), MIDDIE, LIST)	Tno1		18. MOTHER	'S NAME (First	, Middle, Malden S	irname)	_
BE	JOHN L. 1.	ARLETON		VIIA	ThA		ENCE	=
9	19a. INFORMANT'S NAME (Type/Print)	- 100	19b. MAILING ADD	RESS (Street and Number or	Rural Route Nu	mber, City or Town,	State, Zip Code)	
F	MARTA SPE	NCE	1038	ARGULE A	410-	BACTO	md -	21201
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal	20b. PL	ACE AND DATE OF DE	SPOSITION (Name of	D/	TE 20c. LOC	TION — City or 1	Town, State
	4 Donation 5 Other (Specify)	from Stata cemeter	crematory or other t	lecei Canaba	1 7	1/10	/	Ne md
	21. SIGNATURE OF FUNERAL SERVICE LICENT	EE)	0/0/	22. NAME AND ADDRESS	OF FACILITY	DET	207000	
	(V - 201	1		1012 1012 10	1	00//	s TUN	Eral Hry
	Thelesser (romarlie		1129 N. 1	Acol	WP 5%.	BALL	, md 21212
	23. PART I, Enter the diseases, or com	plications that saves th	a death Death					- train
		pricatione that caused th	e death, Do not e	nter the mode of dying	, auch aa ca	rdiec or respire	tory arrest,	Approximeta
	Mhock, or heart fellure. List	Dnly one cause Dn eech	le death, Do not e	nter tha mode of dying	, auch aa ca	ardiec or reepire	itory arreat,	intervel Batwean
	iMMEDIATE CAUSE (Final disease or condition	Dnly one cause on each	Ilne.	nter tha mode of dying	, auch aa ca	ardiec or reepire	itory arreat,	
	imock, or heart fellure. List	Dnly one cause on each	Ilne.	inter the mode of dying	, auch aa ca	ardiec Dr reepira	itory arreat,	intervel Batwean
	iMMEDIATE CAUSE (Final disease or condition	HYPOTENSION DUE TO (OR AS A CO	Ilne.	nter tha mode of dying	, auch aa ca	ardiec or reepira	itory arrest,	intervel Batwean
NO	iMMEDIATE CAUSE (Final disease or condition	HYPOTENSION DUE TO (OR AS A CO	Oline.	nter tha mode of dying	, auch aa ca	ardiec Dr reepira	itory arreat,	intervel Batwean
ATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	HYPOTENSION DUE TO (OR AS A CO	DISEQUENCE OF):		, auch aa ca	ardiec or reepire	itory arrest,	intervel Batwean
ICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	HYPOTENSION DUE TO (OR AS A CO SEPSIS DUE TO (OR AS A CO STAPH. AUR	DINSEQUENCE OF): ONSEQUENCE OF): EUS END	OCANDITIS	, auch aa ca	ardiec or reepira	itory arrest,	intervel Batwean
TIFICATION	impock, pr heart fellure. List immediate cause in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	HYPOTENSION DUE TO (OR AS A CO	DINSEQUENCE OF): ONSEQUENCE OF): EUS END		, auch aa ca	ardiec or reepira	itory arrest,	intervel Batwean
ERTIFICATION	immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, loading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	HYPOTENSION DUE TO (OR AS A CO SEPSIS DUE TO (OR AS A CO STAPH. AUR	DINSEQUENCE OF): ONSEQUENCE OF): EUS END		, auch aa ca	ardiec or reepira	itory arrest,	intervel Batwean
. CERTIFICATION	immediate Cause (Finai disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	INSEQUENCE OF): ONSEQUENCE OF): EUS END ONSEQUENCE OF):	OCANDITIS				intervel Batwean Onset and Daath
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions or R. ALDDLE CENERAL PULLANTIAL INFAMENTAL SEXAMINER? 1 YES 2 NO 1.27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	DNIY ONE CRUSE DN eech DUE TO (OR AS A CO SEPSIS DUE TO (OR AS A CO STAPH. AU R OUE TO (OR AS A CO O	INSEQUENCE OF): CUS EAID INSEQUENCE OF): CUS EAID INSEQUENCE OF): CUS EAID CUS E	e underlying cause give DCD ENDOCA ENDOCAVIOTE 26. PLACE OF DEAT HER: Nursing Home 5 Rasid 26c. INJURY AT WORK? M 1 YES 2 N	H (Check only ence 6 Ot 28d. DO	24a. WAS AN A PERFORM 1 YES 2 [one) her (Specify)	UTOPSY 24 ED? NO	intervel Batwean Onset and Daath b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Inclus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	C	ERTIFICA	TE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) BETTY TAUB			·		JUNE 25, I	994 YEAR	3. TIME OF DEATH 3:45P M
			st birthday) IF UN 38 YRS. MONTI	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) FEB. 14,1	Cou	TNPLACE (State or Foreign netry) NEW YORK
DIRECTOR	99. FACILITY NAME (If not institution, give street and n 3413 JOANNE DRIVE RESIDENCE OF DECEDENT	umber)	9b. C		TIMORE		9c. COUNTY OF BALTII	
E C	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	ION			10d. INSIDE CITY
BY FUNERAL	MD. BALTIMOR	E	100		ZIP CODE		10- 0171751 01	LIMITS? 1 YES 2 XNO WHAT COUNTRY?
	3413 JOANNE DRIVE				21244			J.S.A.
	1 Name Married 2 Married FOR	DECEDENT EVER IN U.S. AI CES? 1 VES 2 ES, GIVE WAR OR DATES	RMED NO	If yes, spe		IC ORIGIN? (Specify Yea i, Puarto Rican, atc.)	Bi	CE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	0	ECEDENT'S USUA Give kind of work do a. Do NOT use retire	one durina mos		18b. KIND OF BUS	SINESS/INDUSTRY	
MP	12	PF	ROPRIETO	R			ARMACY	
BE CC	17. FATHER'S NAME (First, Middle, Last) MORRIS KLII	NG			18. MOTHER'S NAM	AE (First, Middle, Maiden RY SC	Surname) HILLING	
TO B	190. INFORMANT'S NAME (Type/Print) MRS. JACKIE GROSS	15	3413 JO	ANNE I	ORIVE, BAI	oute Number, City or Tow.	n, State, Zip Code) 1244	
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State CONCENTRY	AND DATE OF DIS	POSITION (Nai	ne of	OATE 20c. LO	CATION City or	
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	LOUM MA	AIR ROAD	SOF 1	DADDRESS OF FAC LEVINSON	& BROS.,I	NC.	
	23. PART I. Enter the diseases, or complica	itione that caused tha d	eath. Do not en			STOWN RD.,		Approximate
	shock, or haart fellure. Liet only	one ceuse on each iln	a.				anony arrows,	Interval Between Onset and Daath
CERTIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
DICAL	PART II. Other algorificent conditions contrib	buting to death but not	resulting In the	Underlying	ceuse given in i	Part i. 24e. WAS AN PERFOR	MEO?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Y: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DEATH YES							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ОТН	26. PL	ACE OF DEATH (Che	ck only one)		
HYS		etient 2 ER/Outpatient :	28b. TIME OF	Nursing Nome 28c. INJU	Residence	8 Other (Specify) 28d. OESCRIBE NOW II	NJURY OCCURED	
ВУ Р	Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY		ES 2 NO			
a	3 Suicide 6 Could not be 4 Homicide determined	 PLACE OF INJURY — At he building, atc. (Specify) 	ome, farm, street,	factory, office		281. LOCATION (Street e City or Town, State)	and Number or Pura	Il Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To to one) 2 MEDICAL EXAMINED 11 the							e(a) end manner as stated.
B	296. SIGNATURE AND TITLE OF CENTIFUE	0.0			29c. LICENSE NUM	BER CO	29d. DATE SIGN	EO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLI	ETED CAUSE OF OEATH (ITE	EM 27) (Type, Print)	San	nuel.	791100	7.0	7/(/ 4
	31. DATE FILED (Month. Day, Year) 32.	PEGISTRAD'S SIGNATURE	15 00	200	15 1-11	13 1-0	2111	/
	JUN 2 8 1994 8	- and tenders and the	· forest					DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the meaning the meaning the meaning physician.	s certificate has been signed to the mining drysician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, Pages 1, 2, 3 should the State Dest, of Health and the property of the State Dest, of Health and the State Dest.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BALTIMOF	er death, Page 6 m	he funeral director, ral.	examiner mus
	rithi.	letely filled in by the remation, or remove	int, the medical
DIVISION OF VITAL RECORDS: P.O. BOX 68760,	ate be executed w	hysician and comp	r traumatic eve
DS-P.O	maked order	a pullura au	injury, or other
AL RECO	law requires th	has been signed Dept. of Health	23 shows any
4 OF VITA	PHYSICIAN: The	r this certificate in with the State	arked, or item
DIVISION	OR ATTENDING	DIRECTOR: After hours after death	item 28 is ma
_	TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this complete filed within 72 hours after death with	IMPORTANT: IL

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		377		2. DATE OF DEATH		3. TIME OF DEATH
	Laura V.	T	OWNSEND		June 23	1994	
	4. SOCIAL SECURITY NUMBER 5	i. SEX 6. AGE (In yrs. las	st birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign
	2/5-22-4/00 1 96. FACILITY NAME (If not institution, give stree	M 2 N F 89	YRS. MONTHS	DAYS HOURS MIN.	7-1-1	904 1 9c. COUNTY	W. VIRGINIA
0 B	Franklin Squ	me Hospitar	30. (1	1, TOWN ON LOCATION OF I	ZEATH		allimore
EG	RESIDENCE OF DECEDENT 10a. STATE / 10b. COUNTY	0,	10c, CITY, TOWN	OR LOCATION			10d. INSIDE CITY
DIRECTOR	MARYLAND BI	Alterore				4	LIMITS?
FUNERAL	25 WA /K	VAU Court		101. ZIP CODE 2122	0	10g. CITIZEN	OF WHAT COUNTRY?
5		2. WAS DECEDENT EVER IN U.S. AF		. WAS DECENDENT OF HISP		s or No.— 14.	RACE — American Indian,
BYF	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FQRCES? 1 TYES 2 THE YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexic 1 YES 2 NO Spec			Black, White, etc. Specify: White
	15. DECEDENT'S EDUCAT (Specify only highest grade cor		ECEDENT'S USUAL	OCCUPATION a during most of working	16b. KIND OF BU	JSINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) Se C	Do NOT use retired.	STAURON	+	Pesy	- necesit
Š	17. FATHER'S NAME (First, Middle, Last)		1	18. MOTHER'S N	AME (First, Middle, Meide	n Sumame)	1.1 /
BE	Hornee	The	RNR	MA	KRY IN	Ne 1	NESS FALL
5	190. INFORMANT'S NAME (Type/Print)	4PP "	25 U	SS (Street end Number or Rura A KWAY	Poute Number, City or To	R, 11	MA 21220
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova		AND DATE OF DISPO			OCATION — City	or Town, State
	4 Donation 5 Jil Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	GAZ	DENS 0	. NAME AND ADDRESS OF F	LESA.	Himo	ne, Ma.
	Volal !	Zan	- :	Joseph N	ZANNINO	JR. 1	WHO MOZIZZE
	23. PART I. Enter the diseases, or con	milications that caused the de	eath. Do not ante		ch as cardiac or rear	ST-PI	Approximata
Ą	shock, or heert falluse. Lis	it only one cause on each line	. 1				Interval Between Onsat and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONSE	el Hz	ute M/			LEAN
_		DUE TO (OR AS A CONSE	OUENCE OF	0			11 4
<u>ا</u> و	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):				4-6
3	CAUSE (Disease or Injury						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
핑	d						
SP	PART II. Other algnificant conditions of	ontributing to death but not a	regulting in the u	inderlying cause given le	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES	2 🗌 NO	OF DEATH?
2							,
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	heck only one)		
SIC		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 N	R: ursing Home 5 Residence	6 Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED
BY	2 Accident Investigation	01.00.00.00.00.00	М	1 YES 2 NO			
COMPLETED	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fa	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)		
LE L	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, de	eath occurred at the	time, date and place, and du	is to the cause(e) and mi	onner en stated	
OM		On the basis of examination end/or					use(e) end menner ee stated.
BE C	29b. SIGNATURE AND THE OF CERTIFIER			29c, LICENSE NU		29d. DATE SIG	GNED (Month, Day, Year)
TO B		140		11/2	12/	1 6	24. 84
F	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE		101-	4 - 2 - 4 4		
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		us hart	20 717	21	
	JUN 2 8 1994 Ju	ie Tevidson Pando	2				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last))			2. DATE OF DEATH		3. TIME OF DEATH
	BERNICE DEL	ORES TAFT			JUNE 24		12:15 A. M
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	212 22 4343		O YAS.	THE CATS HOURS WIN.	OCT. 26,	1918	MARYLAND
nr l	Sa. FACILITY NAME (If not institution, give	•	9b.	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
DIRECTOR	1358 PENTW(OD ROAD		BALTIMORE			
EC	10a. STATE 10b. COUNT	TY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
	MARYLAND		BALT	CIMORE			1 X YES 2 NO
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1358 PENTWO	OD ROAD		21239		U.S	OF A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISP If yea, specify Cuban, Mexi-	ANIC ORIGIN? (Specify Young, Puerto Ricen, etc.)	ia or No— 14.	RACE — American Indian, Black, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	NTES	1 TYES 2 NO Spec			Specify: BLACK
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S USUA	AL OCCUPATION	16b. KIND OF BI	JSINESS/INDUS	
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti				
린	Elementary/Secondary (0-12) N/A		TECHNI	ICIAN	HOS	SPITAL	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maide		
BE	LLOYD BROOKS	3			ISE LOYIS		
2	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura			
	MRS. CARRIE CH			ENTWOOD RD.			
	20a. METHOD OF DISPOSITION 1 Buriet 2 Cremetion 3 Rec	movel from State cem	PLACE AND DATE OF DIS etery, cremetory or other of	SPOSITION (Name of Lace) CEM. 6/2	DATE 20c. L	OCATION — City	ID. A.A. CO.
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L						
	Pil	To JEWIS !		LEWIS T. GW	YNN FUNE	RAL HO	ME 21215
	Lewis	Lwynn		4517 PARK H			
	23. PART I. Entar tha diseases, or shock, or heart failure	complications that caused List only one cause on er	itha death. Do not a ach lina.	ntar the moda of dying, su	ich as cardiac or res	olratory arrest	Approximata interval Between
	IMMEDIATE CAUSE (Finel	1/	1.0	in Las Xim			Onset and Death
	disease or condition resulting in death)	a. Myoca	- CONSTOURNER OF	yacı			menutes
_		a. DUE TO (OR AS A	CONSEQUENCE OF):	adiomy on	fly		year
NOI.	resulting in death) Sequentially list conditions,	b. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	ndiony opo	My		year
CATION	reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Due to (or as a Due to (or as a Due to (or as a Diabe	CONSEQUENCE OF): CONSEQUENCE OF): LEL M	ndiony ops ellitus	thy		years years
rification	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	infarction indiony ops ellitur	thy		year year
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	ndiony ops ellitus	My		years.
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d.	CONSEQUENCE OF):			N AUTOPSY	yeary years 24b WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d	consequence of):		n Part I. 24a. WAS A	RMED?	Yeary Yeary Years 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	d.	consequence of):		n Part I. 24a, WAS A	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition metals and condition metals.	d	consequence of):		n Part I. 24a. WAS A PERFC	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other aignificant condition THE FORMAN CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A d. Dons contributing to death by Adamo HOSPITAL: 1 Inpatient 2 ER/Outpi 288. DATE OF INJURY (Month, Day, Year)	ut not resulting in the constant of the consta	28. PLACE OF DEATH (CHER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	n Part I. 24a. WAS A PERFC 1 YES Check only one) 8 Other (Specify)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions and the conditions of the condi	DUE TO (OR AS A d. Dons contributing to death by Adomo HOSPITAL: 1 Inpatient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	ut not resulting in the constant of the consta	28. PLACE OF DEATH (CHER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	n Part I. 24a. WAS A PERFC 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition THE TOTAL STANDARD TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A d. d. Dons contributing to death by Adamo Ca HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Speci	etlent 3 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA BOURY D	28. PLACE OF DEATH ((THER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , factory, office	n Part I. 24a. WAS A PERFC 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street Cify or Town, State)	INJURY OCCUR and Number or i	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition THE TOTAL STANDARD TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A d. d. d. d. d. d. d. d. d. d.	etlent 3 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA BOURY D	28. PLACE OF DEATH (CHER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO tectory, office the time, date and piaca, and dimy opinion, death occured at the	n Part I. 24a, WAS A PERFC 1 YES 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) us to the cause(a) and mane time, data and place, a	INJURY OCCUR and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Rural Route Number, Buse(a) and manner as stated. IGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	DUE TO (OR AS A d. d. d. Dons contributing to death by adano Adano HOSPITAL: 1 Inpetiant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Speci	etlent 3 DOA 4 Teleman and/or investigation, in	28. PLACE OF DEATH (COMMENT) 28. PLACE OF DEATH (COMMENT) Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO , tectory, office 29c. LICENSE N D 3 P	n Part I. 24a, WAS A PERFC 1 YES 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) us to the cause(a) and mane time, data and place, a	INJURY OCCUR and Number or I	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant condition that the condition of the conditio	DUE TO (OR AS A d. d. d. Dons contributing to death by adano Adano HOSPITAL: 1 Inpetiant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Speci	etlent 3 DOA 4 Teleman and/or investigation, in	28. PLACE OF DEATH (COMMENT) 28. PLACE OF DEATH (COMMENT) Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO , tectory, office 29c. LICENSE N D 3 P	n Part I. 24a, WAS A PERFC 1 YES 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) us to the cause(a) and mane time, data and place, a	INJURY OCCUR and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Rural Route Number, Buse(a) and manner as stated. IGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	DUE TO (OR AS A d. d. Dons contributing to death by adano HOSPITAL: 1 Inpetiant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Speci	etlent 3 DOA 4 DOA A DOA A DOA ATH (ITEM 27) (Type, Print)	28. PLACE OF DEATH (COMMENT) 28. PLACE OF DEATH (COMMENT) Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO , tectory, office 29c. LICENSE N D 3 P	n Part I. 24a, WAS A PERFC 1 YES 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) us to the cause(a) and mane time, data and place, a	INJURY OCCUR and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Rural Route Number, Buse(a) and manner as stated. IGNED (Month, Day, Year)

020	physician	
BALIIMURE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	
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NON	hospital	
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DINSION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate to executed within mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR After this conflictant has been uponed by the attending physician and executed within 72 hours after death within 72 hours after death with the Salar Dept. of Health and Mercal Hypere prior to burial, certained, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumable event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTMENT OF HEAL CERTIFICATE OF DE	
DECEDENT'S NAME (First, A	fiddle, Last)			
Lucille	Marv	Valaco		

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Lucille Mary	Valaco				June 27	1994"	7.45 AH	
	4. SOCIAL SECURITY NUMBER 5. S	BEX 6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HAS.	7. DATE OF BIRTH		IPLACE (State or Foreign	
	212-10-1335 A 1 ⁻¹	□ M 2 🛛 F 90	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct. 4,19()3 Count	"Italy	
	9a. FACILITY NAME (If not institution, give street a	ind number)		9b. CITY, TOWN (R LOCATION OF DE		9c. COUNTY OF E		
O.	Harford Gardens	N.H.	_	Ba	ltimore	City			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40- 0174	TOWN OR LOCAL					
	Schuld		, , ,					10d. INSIDE CITY LIMITS?	
2	Maryland 100. STREET AND NUMBER	Itimore City			t X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	5101 Pembroke Ave.				21206				
<u> </u>	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED								
4	1 Never Married 2 Married 3 Wildowed 4 Divorced Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			Il yes, specify Cuban, Maxican, Puarto Rican, etc.)			Black, White, etc.		
BY				1 YES 2 NO Specify:			Specify: White		
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPA (Specify only highest grade completed) (Give kind of work done during				ION 166. KIND OF BUSINESS/INDUSTRY				
ᇤ			Do NOT use	ork done during mo retired.)	st of working				
를	10	Sec	cret	ary an	d Clerk	State	of Mar	yland	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden Su	mame)		
BE	Charles	Valaco			Mar	У	Ferran	te	
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town,	State, Zip Code)		
_		Mr. Vincent C. Valaco Same as #10							
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal f			F DISPOSITION (Na)	TION — City or To		
	4 Donation 5 Other (Specify) Most Holy Redeemer Cemetery 6/30/94 Baltimore Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.								
_	* 11/ark 1. 2	-avodna		530	5 Harfo	rd Road	Balti	more, 21214	
23. PART I. Enter the diseases, or complications the Jaused the death. Do not enter the mode of dying, such as cardiac or								Approximata	
	shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death Onset and Death								
	disease or condition resulting in death) a. Possible Sepsis								
	DUE TO (OR AS A CONSEQUENCE OF):								
χl	Sequentially list conditions, b. Demenda								
Ĕl	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)								
2									
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEO	UENCE OF):	: /					
岁	d.								
اپ	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
<u> </u>						PERFORMI		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI							N	OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCORDINATION 26. PLACE OF DEATH (Check only one)								
	HOSPITAL: 1 YES 2 NO 1 Inpatiant 2 ER/Oulpetient 3 DOA Nursing Home 5 Residence 6 Other (Specify)								
PHYS	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	- Y	26d. DESCRIBE HOW INJ	URY OCCURED		
- 1	1 Natural 5 Pending 2 Accident Investigation	,			ES 2 NO				
28a PI ACE OF IN HIPY At home form street feature office							Number or Rural	Route Number,	
TED	4 Homicide determined					ony or lown, clare,			
MPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
COM	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.								
C	9b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER , 29d. DATE SIGNED (Month, Day, Mor)								
10 B	dunch Kinglewaren 530661 Tune 27 19								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Sireesh Tripuraneni, M.D			Baltimore	, Md. 2123	39			
31. DATE FILED (MONTH), Dev. (Ser) 1994 32. SPONTRAP'S SIGNATURE 32. SPONTRAP'S SIGNATURE 32. SPONTRAP'S SIGNATURE									
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			TIME OF DEATH		
	ONEIDA WI	MON	24		YEAR 4	1:15 A M							
	4. SOCIAL SECURITY NUMBER	IF UNDER		IF UNDER 24 HRS.		OF BIRTH	8. BIRTHPLACE (State or Foreign Country)						
	218-18-6657	1 M 2 12 F	85 YRS.	MONTHS	DAYS	HOURS MIN.	3	13,00	1	VIR	GINIA		
_		9a. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	MERCY HOS		BALTIMORE						n/a				
EC	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN O	R LOCAT	TION				10	d. INSIDE CITY		
	MARYLAND	n/a	100		BA	LTIMOR	E			1	VLIMITS? YES 2 NO		
AL	10e. STREET AND NUMBER		6.5	7-1	101	. ZIP CODE					T COUNTRY?		
BY FUNERAL	214 FRANKLIN	STREE	The	LUI .		2120	2		UNI	TED	STATES		
בַּ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	T EVER IN U.S. ARMED	13. 1	WAS DEC	ENDENT OF HISP, ecify Cuban, Maxi	ANIC ORIGI	N? (Specify Yea Rican, etc.)	or No-	14. RACE Black, W	American Indian, hita, atc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	NAR OR DATES			NO Spec		, , , , , , ,		Specify:	BLACK		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT	S USUAL O	CUPATIO	ON	160	. KIND OF BUS	INESS/IND	USTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT	f work done o use retired.)	during mo	st of working								
4	HIGHSCHOOL'		DO	MEST	IC			n/a					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	_		1		18. MOTHER'S N							
8E	LEWIS PRIVOTT LOUNETTIE HINTON												
2	FANNIE WALLI	NGTON	196. MAILIN 160	2 HO	MES	TEAD S	T, B	ALTIM	TIMORE, MD 21218				
	20a. METHOD OF DISPOSITION XI XI Burlal 2 □ Cremation 3 □ Remo	oval from State	20b. PLACE AND DATE cemetery grematory or				DAT	DATE 20c. LOCATION — City or Town, Stata					
	4 Donation 5 Other (Specify)	-		METERY		В	ALTI	MORE	, MD				
	21. SIGNATURE OF FUNERAL SERVICE LIC			ND ADDRESS OF I									
	23. PART I. Enter the diseases, or o	Sull	wor								RTH AVE.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in deeth) LAST	d											
- 4	PART II. Other algnificant condition	e contributing to	deeth but not resulting	in the un	derivin	g ceuse given i	n Part I.	24a. WAS AN	ALITOPSY	24b. WI	FRE AUTOPSY FINDINGS		
5								PERFORMED?		AV CC	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL								1 1 155 2	□ NO		DEATH?		
								N. Alle					
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL.				ACE OF DEATH (check only o	ne)					
2	1 TYES 2 TYNO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	4 Nun		e 5 🗆 Raaldence	6 Oth	er (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, I		ME OF YJURY M		URY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCC	WRED			
									Number,				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, death occur	rred at the ti	me, date	and place, and de	e to the ca	use(a) and men	iner as state	ıd.			
Š S	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or investigat	llon, in my o	pinion, c	leath occured at th	ne time, date	and place, an	d due to the	a cause(s) ar	nd manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE N	UMBER		29d. DATE	SIGNED (M	onth, Day, Year)				
2	Obolut E- Sh	U	MD						> (124/	14		
	30. NAME AND ADDRESS OF PERSON WH												
		PITAL	L BALT IMON	KE									
	31. DATE FILED (MOTIF), Day, War) 1994	Julie	Dendan And	2									
	1111										DIMMI 40 B 410		



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

rSICIAN: The law requires that the death certificate be executed withly. From a fer death cardinate by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	le le	
nours aft	illed in by	n, or remo	
d within	mpletely fil	, cremation	
be executed	ian and co.	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
sertificate b	ling physici	ygiene prio	
the death of	the attend	Mental Hy	
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w requ	5 been	pt. of	
The la	ate has	tate De	
SICIAN	certific	the S	
ING PHY		be filed within 72 hours after death with	
NTENO	DIRECTOR: After	after di	
L 0R /	DIRE	hours	
SPITAL	NERAL	thin 72	
THE HOSPITAL OR AT	HE FUN	led wit	-
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	1 - STATE OF M	ARYLAND / DEPARTME CERTIFICA	ENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Leel)			2. DATE OF DEATH DAY	Y YEAR	3. TIME OF DEATH					
	SANORA D. WHITE 4. SOCIAL SECURITY NUMBER 5. SEX			JUNE 2	4 1994	5.50 PM					
	215-60-2364 10 M2 DF	41 YRS. MONT		NOV.3,19	952 MÄRY	LAND					
8	9a. FACILITY NAME (If not Institution, give street and number) GOOD SAMARITAN H(OSPITAL 96.	CITY, TOWN OR LOCATION OF DEALTIMORE	CITY	9c. COUNTY OF DE	ATH					
یظ	RESIDENCE OF DECEDENT										
. DIRECTOR	MARYLAND n/a	10c. CITY, TOV	BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	915 ANDOVER ROAD	101. ZIF CODE 10g. CITIZEN OF WHA									
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARMED YES 2 X NO AR OR DATES	If yes, specify Cuban, Maxican	MAS DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No— 14. RACE — American India Black, White, atc. Specify: Specify: BLACK							
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUA (Give kind of work of	L OCCUPATION one during most of working ad.)	16b. KIND OF BUS							
PE	Elementary/Secondary (0-12) College (1-4 or 5+	unemploy		n/a							
at once.	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumarne)										
		Land Mark Mark and a con-	LILLI			<u>.</u>					
TO TO	19a. INFORMANT'S NAME (Type/Print) LILLIAN TUCKER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 915 ANOOVER RD, BALTIMORE, MD 21218										
medical examiner must be notified	20a. METHOD OF DISPOSITION X[X]Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DIS cemetery, cremetory or other plu AR BUTUS	POSITION (Name of MEMORIAL PA		CATION — City or Tow						
Iner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	AKBOTOS	22. NAME AND ADDRESS OF FAC		ARBUTUS,	MD					
exam	Demand & Johnson	и	WM. C. MARC			NORTH AVE					
event, the medic	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure that only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): MENINGIAM Description of the mode of dying, such as cardiac or reapiratory arrest, interval Between Onaet and Dasth Sequentially list conditions										
injury, or other traumatic event, the	Sequentially list conditiona, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST MENIN 6/77 S DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions contributing to	death but not resulting in the	Underlying ceuse given in F	Part I. 24a. WAS AN A PERFORM	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ohs				_		1 YES 2 NO					
r item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Che	ck only one)							
or item	nosi nac.		HER: Nursing Home 5 - Residence 6	Other (Specify)	<u> </u>						
marked, or BY PHY	27. MANNER OF DEATH 1 No Natural 5 Pending 2 Accident Investigation		28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED						
28 is TED	3 Suicide 28a. PLACE OF	INJURY — At home, farm, streat, itc. (Specify)	factory, offica	26f. LOCATION (Street at City or Town, State)	nd Number or Rural Ro	ute Number,					
ANT: it item 2 COMPLET	29a. CERTIFIER (Check only area (Check only area (Check only area (Check only area (Check only area (Check only area)).					and manner so stated.					
IMPORTANT: If item TO BE COMPLE	296. SIGNATURE AND TITLE OF CRITIFIES SULL	29d. DATE SIGNED (Month, Day, Year)								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE FATO I SARBA 5601	E OF DEATN (ITEM 27) (Type, Print) LO CH RA	NEW BLUD,	BAZTIM	ORE, MI	2/239					
	31. DATE FILED (Month, Dey, Year) JUN 2 8 1994	Suidon Andelle									

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ay be reta	page 5 st		he not
Page 6 m	director,		too much
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ficate be	physician	ne prior to	har traus
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requires	neen sign	of Healt	chowe
The law	ate has t	tate Dept	tem 22
HYSICIAN	iis certific	vith the S	and he
NDING P	R: After th	r death v	ie mark
L OR ATTENDING PHYSI	DIRECTOR: Af	s filed within 72 hours after death with	ADDOTANT. If them 20 to marked
THE HOSPITAL	UNERAL DIR	vithin 72	A MIT. 46 1
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPART RTIFI	TMENT OF HE	ALTH AND I	MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	JOHNNY	RAV		WILLIAN	1S			94 1:30 PM			
	4. SOCIAL SECURITY NUMBER 5. S	The state of the s			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	200	M2 0 F 36	YRS.	- Carre	TOOKS MIN.	4-2-1	958	mel.			
l &	9a. FACILITY NAME (If not institution, give street a UNIVERSITY S.T.U	OF DEATH									
DIRECTOR	UNIVERSITY S.T.U. BALTIMORE CITY RESIDENCE OF DECEDENT										
H.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BAITA										
	ma.					LIMITS?					
FUNERAL	190 9 F. 20 CL	St.		101. 2	2121	13	10g. CITIZEI	N OF WHAT COUNTRY?			
<u> </u>	1 Nover Married 2 Married	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYES 2		If yes, spec	ify Cuban, Maxica	NIC ORIGIN? (Specify Ye.n., Puerto Rican, atc.)	. RACE — American Indian, Black, White, atc.				
B	3 Widowed 4 Divorced	F YES, GIVE WAR OR DATES		1 TYES 2	Specify	<i>y</i> :		Specify:			
ETED	15. DECEDENT'S EDUCATIO		EDENT'S	USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUS	TRY			
Щ	(Specify only-highest grade comp		e kind of w Do NOT use	ork done during most e retired.)	of working						
OMPL COMPL	unemployel										
8	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)										
BE	100 INCOMANY'S NAME CONSTITUTION	11AMS			MAX	ThA /	10/m	25			
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 190 9 5.20 W St. BALTO Md 212/3										
examiner must be nounted at once. TO BE COM	20a. METHOD OF DISPOSITION 1	rom State 20b. PLACE Al cemetery, crem	story or oth	F DISPOSITION (Name ther place)	of	OATE 20c. LC		y or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E		22. NAME AND	ADDRESS OF FA	CILITY	*	tuble of			
	Gatriew RI	tt		ROTI	+ FIA	nenal	llam	112 aW Car			
rent, the medical	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiec or reapiratory errest, ehock, or heert feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Due To (OR AS A CONSEQUENCE OF): Approximate interval Between Onaet and Daeth										
ERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST										
AL C	PART II. Other significent conditions con	ntributing to deeth but not re	aulting is	n the underiving	ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDIC	DID TOBACCO USE CON					1 YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26, PLA	CE OF DEATH (Ch	eck only one)					
S	3737	SPITAL: Inpatient 2 - ER/Outpatient 3		OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)					
BY PHYSICIA	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		TA Y	28d. OESCRIBE HOW	NJURY OCCUP	RED			
B	1 Netural 5 Pending 2 Accident Investigation	6/22/94	0152	M 1 □ YE		Sulj	ectsh				
S 2	3 Suicida 8 Could not be determined City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
O BE COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 X X EDICAL EXAMINER: On	To the best of my knowledge, dear the basis of examination and/or in	th occurre	d at the time, data as	nd place, and due	Io the cause(s) and me	nner as stated.	Balt . n			
8 8	29b. SIGNATURE AND TITLE OF CERTIFIER	1									
E E	Theodoro WA -	V		ENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year							
2	30. NAME AND ADDRESS OF PERSON WHO CO	APLETEO CAUSE OF OEATH (ITEM	27) (Type,	Print)	O.C.M			NE 23,1994 cyland 21201			
	31. DATE FILED (Month, Day, Ybar)	32. REGISTRAL SIGNATURE					, FIGI	.y rana Zizui			
	JUN 2 8 1994	June wardson for	ndell								



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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest)
Sen 5 Ami N 2. DATE OF GEATH 3. TIME OF DEATH B. WINEGRAD 6 25 8,00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 212 07 8295 79 12 23 14 HOURS 1 X M 2 - F Nd Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH AAMC Annapolis RECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION 10d. INSIDE CITY AACo Annapolis Md ō 1 X YES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? burial-transit 21401 USA 27 Heritage Ct 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noattending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WANT OR DATES 1 TYES 2 NO Specify: White Specify: BY 3 Widowed 4 Divorc director, page 5 should be detached for use as the 1942-45 COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Page 6 may be retained by the hospital or Elementary/Secondary (0-12) College (1-4 or 5+) 11 Restaurant Food service 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Rubin Esther William Winegrad notified at BE 19e. INFORMANT'S NAME (Type/Print) 196, MAILING ADDRESS (Street and Number or Rural Route Number, City of Toyng State. Zip Code)
27 Reritage Ct; Annapolis rid 21401 2 Eleanor Winegrad 2 20e_METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cemetery, crematory of other placel
Crownsville Veterans Cemetery Crownsville Md Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 12. NAME AND ADDRESS OF FACILITY 12. Ridgley Ave. Annapolis Md 21401 and completely filled in by the funeral burial, cremation, or remaral Hardesty Funeral Home P.A. medical 23. PART 1. Enter the disesses, or complications that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart fellure. List only one course or each line. Approximats Interval Betw **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition DUE TO (OR AS A CONSEQUENCE OF): event, resulting in death) executed within traumatic CERTIFICATION enru and Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to Ischen CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Atheris ele 10 Injury, Me PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t Aurtic stinosis amy Health 1 YES 2 THO OF DEATH? Mollin 1 YES 2 NO has been 6 Chunc PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATN (Check only one certificate **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 | NO 1 - Inpatient 2 DEN/Outpatient 3 - DOA irsing Home 5 - Residence 6 - Other (Specify) 4 - NL 10 the 27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, with 1 Natural м 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 OR 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. FUNERAL within 72 ! = TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 2 MEDICAL EXAMINER: On the beels tion end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 08310 r dues mit 5194 CA 2 D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 205 12 JUN 2 8 1994 in Devidour Andett



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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

												3. TIME OF OEATH			
		KE	ITH	WINI	DER					JUNE	26,	199	YEAR	2:09 A M	
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	HRTH		8. BIRTI- Count	IPLACE (State or Foreign	
	219 15 503		1 M 2 F	21	YRS. 11/20/72					MD.					
ا ي	9a. FACILITY NAME (If not in		9b, CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						HTAS					
2	JOHNS HOPKINS HOSPITALS					BALTIMORE CITY									
DIRECTOR	10a. STATE	10b. COUNTY				10c. CITY, TOWN OR LOCATION 10d. INSID						10d. INSIDE CITY			
	MD.						'IMOI	RE					1 YES 2 NO		
3AL	10e. STREET AND NUMBER	211 CA	TALPHA RI				10	of. ZIP CODE				10g. CIT		WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	ZII CA	12. WAS DECEDEN							_			USA		
	1 Never Married 2	Married	FORCES? 1	YES 2			If yes, s	pecify Cuba	n, Maxica	IIC ORIGIN? (Sp n, Puarto Rican		or No-	Blac	E — American Indian, k, White, atc.	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES! 1 YES 2 IN NO Specify: Specify: AFR.									MY: AMERICAN						
COMPLETED		EDENT'S EDUC y highest grade			DECEDENT'S (Give kind of	work done	durina m	ION lost of working	10	16b. KINI	D OF BUS	INESS/IN			
삗	Elementary/Secondary (0	0-12)	College (1-4 or 5	-)	CORPO	se retired.)				TO	ט אט	орит	N UO	SPITAL	
Š I	17. FATHER'S NAME (First, M	liddle Lest)			OOIG O	TOTA I	. VII L			ME (First, Middle	_		IN IIO	SITIAL	
BE C	BRAD	LEY 1	WINDER						SHAR		WILL				
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2308 MOSHER ST. BALTO. MD. 21216															
	20a. METHOD OF DISPOSIT 1 → Burial 2 → Cremetic 4 → Donation 5 → Other	n 3 🗆 Rem	ovel from State	cometary, c	E AND DATE (ther place,	l.		- 7	DATE			City or Te		
a Donation 5 Other (Soson) ARBITUS PARK 6/30/94 ARBITUS, MD.										D					
	1	al	(1 G	al	11					RS FUN			E P.		
	23. PART I. Eater the d	lections, or o	complications the	t caused the	geath. Do r	not antai	r tha me	oda of dyi	ng, sucl	as cardiac	or respin	ratory ar	reat,	Approximate	
	IMMEDIATE CAUSE (FIR	nal		,		,								Intarval Batween Onset and Daath	
	disease or condition resulting in death)	→	Guns	hot we	rund	s G	o he	eado	nol	neck					
_		_	00E 10	(OR AS A CONS	EOUENCE O	F):									
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONS	EOUENCE O	F):									
<u>S</u>	cause. Enter UNDERLY		E												
	that initiated eventa resulting in death) LAS	т	DUE 10	(OR AS A CONS	EOUENCE O	F):									
E E			1												
DICAL	PART II. Other significa	ent condition	a contributing to	death but not	t resulting	in tha u	nderlyin	ng cauae g	givan in	Part I. 24a.	WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
				-						1X	YES 2	□ NO		OF DEATH?	
Σ∥	DID TOPACCO) lice (CALTRIBUTE	TO CAL	ICE OF	DEA	711 \	/FC		<u>_</u> _				1 XYES 2 NO	
PHYSICIAN:	DID TOBACCO		ONIKIBUTE	IO CAL	JSE OF	DEA		YES	NO EATH (Che	nck only one)					
	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:		-	8 Other (Spe	ec/fv)	SIIR	TECT	SHOT	
ᇎᆘ	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM		28c. IN.	JURY AT		28d. DESCRIB				51101	
<u>_</u>		Pending Investigation	JUNE	25,19	948:0)6 MI	1 🗆	YES 2	NO	SUBJ	ECT	SHO	OT		
		Could not be datarmined	28a. PLACE O building,	F INJURY — At I atc. (Specify)	home, tarm,	street, fac	ctory, offic	Ce		28t. LOCATION City or Tox	N (Street a wn, State)	nd Numbe	or Aural I	Route Number,	
	29a. CERTIFIER														
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										i) and manner as stated.					
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER		4 . 5				29c. LICE	NSE NUN	BER		29d. DAT	TE SIGNEO	(Month, Day, Year)	
2	Monald	AU	night.	MD					OC	ME		JI	INE	25. 1994	
	DONALD G		GHTMD	111			ree	et, E	Balt	imore	, M	ary.	land	21201	
	JUN 2 8		Julia De	HOW PH	delle			_							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nowns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Nem 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

						TOMIT		DEA			HEG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY YEAR JULY 20 9 ()									3. TIME OF DEATN				
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 MDS	7. DATE OF BIRTH			Va prote	IPLACE (State or Foreign
9	251-27-444	6	1 M 2 F	81	YAS.	MONTHS	DAYS	HOURS	MIN.		0/12		S.	
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF OE	ATN		9c. COU	INTY OF O	EATN
OR	NORTH WEST MEDICAL CENTER					R	ANDA	LLST	OWN					
[[[RESIDENCE OF DEC	10b. COUNTY												
DIRECTOR						ty, town or location BALTIMORE								10d. INSIDE CITY LIMITS? 11 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	1604				101. ZIP CODE					10g. CIT	IZEN OF V	WHAT COUNTRY?	
單		1604 C	LIFVIEW	AVE.		_		212	13				USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMEO	13.	WAS DEC	ENDENT O	OF NISPANI	C ORIGIN?	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE W	WAR OR DATES	NO		1 TYES	2 P NO	Specify:	, Puerto Hi	can, etc.)		AFR.	MY AMERICAN
8		EDENT'S EOUC		16a. Di	ECEOENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	SINESS/IN		
	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5	110	Give kind of e. Do NOT u	work done se retired.)	during mo	st of worki	ng					
COMPL	, (,			HOMEM	AKER								
8	17. FATHER'S NAME (First, M	liddle, Last)		2				16, MOT	HER'S NAM	AE (First, Mi	ddle, Maiden	Surname)		
BE C	OLIVE	R I	POMPY						MINI			MPY		
0	19a. INFORMANT'S NAME () WALTER		VER JR.	19							MORE,			212
	20a. METNOD OF DISPOSIT		VER SR.						VE. I	-				
	1 Buriel 2 Crematic	n 3 🗆 Remo	oval from Stata	20b. PLACE					5/94	DATE		LYNCHBURG, S.C.		
4 Donation 5 Other (Specify) HAWKINS CEMETERY 6/25/94 LYNCHBURG, S.														
	· 7	n.	00	Boto	1						NERAL			
	23. PART I. Enter the di	innanta, or c	complications the	t coursed the d	wh Do	not enter	1300	FUT	AW PI	RΔ	LTO	MD_	2121	7 Approximate
	ahock, or heart feliure. List only one cause on each limit interval Between Onset and Death disease or condition resulting in death) De TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
	PART il. Other algnifice	nt condition	a contributing to	deeth but not	resulting	in the ur	nderivin	COUSO (alven in F	Pert I	24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
EDICAL			_				.comynn	9 00000	giron ni i		PERFOR	MED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
										-	1 TYES 2	NO		DF DEATH?
Σ										-				1 TYES 2 NO
A N	25. WAS CASE REFERRED TO	0 44FD1041 I												
SICIAN	EXAMINER?	O MEDICAL	HOSPWAL:			OTHE		ACE OF D	EATH (Che	ck only one				
HYS	1 YES 2 NO		1	ER/Outpatient	3 🗆 DOA		sing Nom		sidence (5 🗆 Other	(Specify)			
0.		Pending	26a. DATE OF (Month, D		26b. TIN	IE OF JURY M		URY AT PAK? YES 2	¬ NO	28d. DE\$0	RIBE HOW II	NJURY OC	CURED	
ВУ	2 Cutota	Investigation	28e. PLACE O	F INJURY — At h	ome, tarm,	street, fac			7.14	261. LOCA	FION (Street a	nd Numbe	r or Rumi I	Route Number,
TED		Could not be determined	building,	atc. (Specify)						City or	Town, State)			
7	29a. CERTIFIER	TIFYING PNYSI	CIAN: To the best of	my knowledge, d	eath occurr	ed at the t	ime, date	and place	, and due t	to the caus	e(a) and men	mer as etc	rted.	
COMPLET	and the same of th													a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE_SIGNED (Mor									(Month, Day, Year)					
Alile 1-15ish HU3974 16/20/84								0/84						
5	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Type	, Print)			Year do		and the same of th	,	Tun	20 gc
	31. DATE FILED (Month, Day,	Monel	22 0501070	AR'S SIGNATURE										217
	JUN 2		Julie	THE STUNDENT	andre	ī								
			6									-		



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ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-713 7/1/94 t.t

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF H		MENTA	L HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)					MONT		YE			
		NAYNE. 4. SOCIAL SECURITY NUMBER 5	i. SEX 6. AGE (In vn	s. last birthday)	WING IF UNDER 1 YEAR	ATE IF UNDER 24 HRS.		NE 22,	199	4 7:19 A M HRTHPLACE (State or Foreign		
9		215-82-1151	ΔM 2 □ F 33	YRS.	MONTHS DAYS	HOURS MIN.		3º26T	B	ALTO MD.		
3 should	oc	9a. FACILITY NAME (If not institution, give stree			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
1. 2.	СТОВ	1020 EAST 20TH	STREET		BALTI	MORE						
Pages	DIRE	Md.		10c. CIT	y, town or Locat Baltimor				10d. INSIDE CITY LIMITS?			
permit.		10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	1 💢 YES 2 ☐ NO OF WHAT COUNTRY?		
. is	FUNERAL	2013 HOLLIN STREET				21223	3		U.S.A.			
215-0020 attending physician. ise as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	13. WAS DEC		No — 14. RACE — American Indian, Black, Whita, atc. Specify: BLACK					
215 attend use as	TED	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Give kind of	USUAL OCCUPATION	ON st of working	16b	KIND OF BUSI	NESS/INDUST			
ND 21 hospital or ached for u	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.) LAB(DRER						
the hos detach	COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA		E (First, Middle, Melden Surname)				
ARYI tained by should be tiffed at	8	19a. INFORMANT'S NAME (Type/Print)	GUSSIE WINGA		ADDRESS (0)			RY L. R				
5 5 E		MARY L. WING	ATE		ADDRESS (Street a			iore, M				
I IMORE, I. Page 6 may be real director, page when must be real than the real mast be real mast		20a. METHOD OF DISPOSITION 1X Burlal 2 Cremetion 3 Remove	20b. PL/ cemeter	ACE AND DATE	OF DISPOSITION (Na	ime of	DAT	E 20c. LOCA	ATION - City	or Town, Stata		
Page 6 m	į,	4 Donation 5 Other (Specify) . 21. BIGNATURE OF FINERAL SERVICE LICEN		, İz	22. NAME AN	CEMETERY OD ADDRESS OF FA	GILITYM I	7 Bal	timore	, Maryland WN COMMUNITY		
tune fund		1 6	11	~		1206 W. N						
be executed with cian and completely filled in to burial. cremation, in raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event, the raumatic event e	RTIFICATION	Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Due to (or as a consequence of): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury C.										
ath certificate trending physical Hygiene price of the trending trending physical Hygiene price of the trending	ш	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.										
ATTENDING PHYSICIAN: The law requires that the death ECTOR: After this certificate has been signed by the attents after death with the State Dept. of Health and Mental H 128 is marked, or item 23 shows any injury, or	MEDICAL C	PART II. Other significant conditions of				-	Part i.	24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\subseteq \text{NO} \)		
AL Property of the law has be Dept.	AN:	DID TOBACCO USE CO	INTRIBUTE TO CA	AUSE OF		ACE OF DEATH (Ch	رب	ve)				
SICIAN: The State the State	SIC	EXAMINER?	IOSPITAL:	nt 3 🗆 DOA	OTHER:	e XX Residence						
This certification with the week, or	PHY	27. MANNER OF DEATH 1 Netural Frending	28a. DATE OF INJURY (Month, Day, Year)			RK?		SCRIBE HOW IN	JURY OCCURE	D		
VOING PHYS : After this death with	BY	2 Accident Investigation	FOUND 6-22-94 286. PLACE OF INJURY —	7:00	7	YES 2 XNO	UNKNO		d Number or B	ural Poute Number		
OR ATTEN OR ATTEN DIRECTOR: hours after	ETED	3 Suicide 8 X Could not be 4 Homicide detarmined	building, atc. (Specify)	D: RESID				or Town, State) E. 201H	st. BA	LTIMORE ,MD.		
AL OR	COMPLE	0001	IN: To the best of my knowledg On the beals of axamination an							use(s) and manner as stated.		
TO THE HOSPIT TO THE FUNERA De filed within 7	BE C	296. SIGNATURE, AND TITLE OF CERTIFIER	011			29c. LICENSE NUI	IBER		29d. DATE SIG	NED (Month, Day, Year)		
5 6 9 8	6	30. NAME AND ADDRESS OF PERSON WHO O	Chute ou	(ITEM 27) /3	- Drint1	0.C.	М.Е		JUN	E 22, 1994		
		Samuel And Addition of Pendony Miles				et. Bai	ltim	ore. I	Marvl	and 21201		
		31. DATE FILED MADE: 2. 8 1994	32. BUGINTHARIP SIGNATUR	RE	4	JU, Du.						

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 Page 6 may be death. Pages 1, 2, 3 should

permit.

page 5 should be detached for use as the burial-transit

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DIRECTOR: After this certificate hours after death with the State

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IYEMS: 4.7.9c,10b,11, PER F.H. FILM G-712 6/28/94 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH YEAR Dorothy 0400 6 94 AM A SOCIAL SECURITY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 66 Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University of Maryland Medica RESIDENCE OF DECEDENT DIRECTOR 13-14 Itimore 10a. STATE 10b. COUNT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY 1 timore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 7ID CODE 10g. CITIZEN OF WHAT COUNTRY? 10/0 5A 22 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuben, Maxican, Puerlo Rican, stc.) Never Merried 2 Married 1 TYES 2 NO Specify. BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James M. Lashlev Catherine Dietz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Charles Lashley 1688 Campbell Road, Forest Hill, MD 21050 (Brother) 29e. METHOO OF DISPOSITION
1-1-1 Burlel 2 Cremelion 3 Removal Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State St. Michael Luth. Cem. 6/27 Perry Hall, Maryland 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23. PART LEnter tha diaesses, or complications that caused the death. Do not anter tha mode of dying, such as cardisc or reapiretory arrest, Approximate ahock, or haart failura. List only ona causa on each line intarvai Batween IMMEDIATE CAUSE (Final Onset and Death Adenocarcino ma of Cervix disease or condition Stage 70 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Input Input | 1 | ER/Output | 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28a. PLACE OF INJURY — At home, Jarm, street, factory, office building, stc. (Specify)

М

1 YES 2 NO

Conso 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michae m.D. (niversity 32 REGISTRAR'S SIGNATURE

Funda Devidson - Flendade

8 Could not be

datarmined

DHMH-16 Ray 1/89

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

110- 10

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILED (Morith, Day, Year)
JUN 2 8 1994

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	FOR	STATE OF I	MARYLAND /	DEDAG	TREEN-	r OF U	FAITU	AND I	AFAITA	LUVOLEN	-			
	1 - STATE REGISTRAR	SIMIE UF I			ICATI				MENIA	REG. NO.	Ė			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME	OF DEATH
	TONEY					WA	LL			JNE 25		994	5:3	10 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS,	7. DATE	OF BIRTH h, Day, Year)		7	HPLACE (State or Foreign
	215-04-6669	1 🔀 M 2 🗌 F	28	YRS.	MONTHS	DAYS	HOURS	MIN.	1/1	1/196	6			, MD
-	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COL	JNTY OF C		
0	UNIVERSITY HO	SPITAL			BA	LTIM	ORE							
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INS	SIDE CITY
H	MARYLAND			R	ALTI	MOR	F						LIA	AITS? ES 2 NO
A P	10e. STREET AND NUMBER			,			ZIP CODE	E			10g. CI	TIZEN OF	-	
FUNERAL	3710 SPAULDI	NG AVEN	JE					2121	5			USA	A	
5	11. MARITAL STATUS		T EVER IN U.S. ARI	MED	13.	WAS DECI	ENDENT O	F HISPAN	IIC ORIGII	1? (Specify Yee	or No-	14. RAC	E — Amei	ricen Indien, etc.
84	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	10			2 X NO			Rican, etc.)		Spec	thy:	
	15. DECEDENT'S ED	ICATION	140.05	0505474	1								В	lack
	(Specify only highest grad	e completed)	(G/	ive kind of Do NOT u	Work done se retired.)	during mos	n et of workin	g	-	. KIND OF BUS				
7	12th	College (1-4 or 5	+)	Ca	r Re	nta	1s		A	LAMO		B.W.	I.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1100		IER'S NAI	ME (First,	Middle, Melden	Surname)			
l w l	James W. Wal:	L						In 1 i	aS	cott				
TO B	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRES	S (Street e				ber, City or Town	n, State, Zi	ip Code)		
F	Julia Wall		3	710	Spa	uld	ina	Ave	nue	Ba1	time	ore.	MD	21215
	20e. METHOD OF DISPOSITION 1 Neuriel 2 Cremation 3 Res	noval from State	20b. PLACE	ANDDATE	OF DISPOS	SITION (Ne	me of		DAT	E 20c. LO	CATION -	- City or To	own, State	
	4 🗆 Donetion /5 🗆 Other (Specify)		Loud C	on P						29 Ba	ltin	nore	, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	A	+	- ²² .	ero'	D ADDRES	SS OF FAC	auty ett	& So	n F	ner	a 1	Home
	Mult	U. T	lel	1	4	600	Lib	ert	уН	eight	s A	veni		
	23. PART Lenter the diseases or shock, or heert failure	complications the	t caused the de	eth. Do	not enter	the mod	de of dyl	ng, suct	h ss cen	dec or reepi	ratory si	rrest,	A	pproximate tervai Between
	IMMEDIATE CAUSE (Finsi													nset and Desth
	disesse or condition resulting in death)	a. / Head	and ne	eck	mije	vies	۵							
		DUE TO	(OR AS A CONSEC	DUENCE O	F): ()								1	
RTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEC	DUENCE O	F):									
SAT	if any, leading to immediate cause. Enter UNDERLYING												j	
	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):								-	
	resulting in deeth) LAST	d												
O	PART II. Other eignificent condition	ns contributing to	death but not re	esuiting	in the ur	deriving	CRUSA	alven in	Part I	24s. WAS AN	ALITOREY	244	WEDE AL	UTOPSY FINDINGS
MEDICAL		_		_		,				PERFOR	MED?		AVAILAB	LE PRIOR TO
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						ACE OF D	EATH (Che	eck only or	ne)				
Sic	EXAMINER?	HOSPITAL:	XER/Outpatient 3	□ DOA	OTHEI		5 🗆 Re	sidence	6 🗌 Othe	r (Specify)				
돌	27. MANNER OF DEATH	28e. DATE Of (Month, L	INJURY Day, Year)	28b. TIN		26c. INJU	JRY AT			CRIBE HOW II	NJURY OC	CURED		
ВУ	1 Natural 5 Pending 2 X Accident Investigation	6/25/	94	13	37 ^M	1 🗌 Y	ES 2 🗘	(NO	PASS	ENGER,	CAR	TUR	NED	OVER
ED	3 Suicide 8 Could not be	28e. PLACE (building	of INJURY - At hor etc. (Specify)	me, farm,	street, taci	tory, office	,		28t. LOC	ATION (Street of Town, State)				
ᆸ			ROADU	MAY					2700	BLOCK NO	meth L	ONGW	000	STREET
APL	and a	BICIAN: To the beat of												
COMPL	2 MEDICAL EXAMIN	ER: On the basis of e	xamination end/or i	investigatio	on, In my o	opinion, de	eath occur	ed at the	time, date	and place, en	d due to t	the ceuse(e) end me	nner es stated.
BE (296 AUGMATURE AND TITLE OF CERTIFU	n /	^				29c. LICE	NSE NUN	IBER		29d. DA	TE SIGNE) (Month, I	Day, Yeer)
2	runaly x50)	ught FM	U				0	.C.1	M.E.		J	UNE	26,	1994
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITEN	W 27) (Type	, Print)									

111

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

Penn Street, Baltimore, Maryland 21201

BALTIMORE, MARYLAND 21215-0020
fter death. Page 6 may be retained by the hospital or attending physician.
The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
se that the death certificate be exect gned by the attending physician and alth and Mental Hygiene prior to but it any Injury, or other traumatile.	
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TO THE HOSPITAL DR TO THE FUNERAL DIRI De filed within 72 hour IMPORTANT: If Item	

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT O					
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	4. SOCIAL SECURITY NUMBER 326-12-7577	1 □ M 2 🔀 F	(In yrs. lest birthday		AR IF UNDER	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) Oril2,19		BIRTNPLACE (State or Foreign Country) aryland
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DIRECTOR	10e. STATE 10b. COUNTY			ITY, TOWN OR L					10d, INSIDE CITY LIMITS?
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BE (enda			_	arbar			
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	23. PART I. Enter the diseases, pre ahock, or heart failure.	List only one cause on	each line.	not anter tha	moda of dyl	ng, auch a	cardiac or respi	ratory arrest	Approximata interval Between Onset and Death
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X			A CONSEQUENCE	OFI:	0	0.0	D ./	4	110
NO.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	Б Р):	4	44	. D. M.	en.	139.
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	. }	cohool	7					6 money
RIF	that initiated events resulting in death) LAST	DUE TO COMPAS	A CONSEQUENCE	OF):					
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ш,	29b. SIGNATURE AND TITLE OF CERTIFIER			,		NSE NUMBER			GNEO (Month, Day, Year)
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	30. NAME AND ADDRESS OF BERSON WHI		BLOD	e, Print) RA	LFU	es 21	124		
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FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bayview Hospital Residence of Decedent 10a. State 10b. County Md. Baltimore 10c. CITY, TOWN OR LOCATION Md. Baltimore 10d. CITY TOWN OR LOCATION Md. Baltimore 10d. STREET AND NUMBER 10d. Specify Cuben, Marken, Puerto Ricen, etc.) 11. MARITAL STATUS 1 Never Married 2 (Married FORCES) NEWES 2 NO 11 Yes, specify Cuben, Marken, Puerto Ricen, etc.) 11. Married 2 (Married Forces) New Married 12 (Married FORCES) NEWES 2 NO 11 Yes, specify Cuben, Marken, Puerto Ricen, etc.) 15. Decedent's Education (Give kind of work done during most of working life. Do NOT use relived.) 15. Decedent's Education (Give kind of work done during most of working life. Do NOT use relived.) 17. FATHER'S NAME (First, Middle, Lest) Benjamin Wardley 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State 173 Riverside Road Balfimore carriedly, crametory, crametory or other piece) 173. Riverside Road Balfimore Name (Type/Print) 174 Donation 6 Other (Specify) 175 Removed from State 1	3 94 7 15											
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25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)												
OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)												
27. MANNER OF DEATN 1	/ OCCURED											
3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 286. LOCATION (Street and Ni City or Town, State)	imber or Rural Route Number,											
29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner at the time, data and place, and due to the cause(a) and manner at the time, data and place, and due												
29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER												
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) C. MORROW MD, SIR. EMERG DEPT. JOHNS HO												
31. DATE FLEDHOOM DON MED 3 HOUSE SUCHATURE SUCHATURE SUCHATURE	DATE SIGNED (Month, Pey, Yes											

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item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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Item 28

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TO THE HOSPITAL (
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(Check only one)

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31. DATE FILED (Month, Day, Year)

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94 18818 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) EDNAM 2. DATE OF DEATH 3. TIME OF DEATH 1994 Hanue th THEY June 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Mogth, Day, Year 8. BIRTHPLACE (State or Foreign DAYS 12 17 HOURS 6 1 M 2 | F Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 77 Wise Street 21740 USA 11. MARITAL STATUS t2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Merried 2 X Married 1 TYES 2 NO Specify: Specify. BY 3 Widowed 4 Divorced W. W. II white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-t2) College (1-4 or 5+) 0 car inspector railroad t7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Mann Athey Ida Mae Davis BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret E. Athey 77 Wise Street, Hagerstown, Maryland 21740 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 1 XBurlal 2 Cremation 3 Red 4 Donation 5 Other (Specify) Rest Haven Cemetery 6-18-94 Hagerstown, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME Med 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each line. Approximate Intarvai Between **IMMEDIATE CAUSE (Final** Onset and Death DUHINSTUN disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF). ENERHOUAS CL MEDICAL CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS NELLUNIA MUMUNANY COMPLETION OF CAUSE 1 TYES 2 - NO OF DEATH? 1 □ YES 2 □ NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO FI WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPIFAL:
1 Enpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending Investigation 1 YES BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED

29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date 29c_LICENSE NUMBER 29d. DATE SIGNED (MATE , Day, Year) 706 AMICC 6/13 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Cewa 2.400

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•		James Edward Beuf					JUNE 20 1994 06:2					
. <u>P</u>		4, SOCIAL SECURITY NUMBER 212-38-8783	1 M 2 □ F	(In yrs. lest birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/11/1911		BIRTHPLACE (State or Foreign Country) illiamsport, MD			
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ould be	BE	Unknown 19a. INFORMANT'S NAME (Type/Print)		Lean MAII MA	4000000		sther Ardi					
5 should notified	유	Mary Gwennella Arc	linger				Route Number City or Tow Chewsvil					
page : bage		20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rer	201	b. PLACE AND DATE	OF DISPOSITION (No	ame of		CATION - City				
ge 6 ma lirector, i		4 Donallon 5 Other (Specify)	B	eaver Cr	eek Ceme	tery 6	/22/94 Hac	jerstow	n, Maryland			
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-trapsit permit, or remoral. or remoral. medical examiner must be notified at once.		22. NAME AND ADDRESS OF FACILITY 1331 Eastern Blvd North Funeral Home Hagerstown, MD 21742 23. PART L Enter the Assessed, or complications that Seused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
ely fill nation		23. PART I. Enter the desires, of shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. A WT	each line. EREN	Al Fr	HILURE	=		Approximate interval Between Onset and Death			
th certificate be executed by the substitution of the substitution	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLIVING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A UNDER OUT OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat THE FUNERAL DIRECTOR: After this certificate has been signed by the attrified within 72 hours after death with the State Dept. of Health and Menta PORTANT: If Ilem 28 is marked, or Ilem 23 shows any Injury,	: MEDICAL	PART II. Other aignificant condition	ns contributing to death b	but not resulting	in the underlyin	g cauae given in	Part i. 24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
V: The la cate has State De Item 2	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	LACE OF DEATH (Ch	eck only one)					
ICIAN: entific: the Si	PHYSI	1 YES 2 NO	1 ☐ Inpetient 2 ☐ ER/Oul		4 - Nursing Hom		8 Other (Specify)					
DING PHYS After this o death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	28b. TIM	URY WO	DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide S Could not be datarmined	28a, PLACE OF INJURY building, atc. (Spe-	Y — At home, farm, a	streat, factory, offic	â	28f. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,			
HOSPITAL OR A FUNERAL DIREC within 72 hours	COMPL	ofbi 13	SICIAN: To the best of my know IER: On the bests of exemination						luse(s) and manner as stated.			
TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	TO BE	290. SIGNATURE INCTITLE OF GRITTER	STER	mn		29c. LICENSE NUI	G43	≥ G	20/94			
		30. NAME AND ADDRESS OF PERSON W	well RD		Print) PCST	mp	2174	0.				
		31. DATE FILED (Month, Day, Year) JUN 2 1 1994	32 AEGISTRAB'S SIGN	NATURE OF AUTOM								

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CI	ERTIF		OF DEA		MEHIL	REG. N	0			
	1. DECEDENT'S NAME (First, Middle, Last) RUTH YOUNG	ANDER						MONT	E OF DEATH	DAY	YEAR	3. TIME OF DEAT	н
	-							JU	NE 12	2, 19	994	0115	
	4. SOCIAL SECURITY NUMBER 249-16-5413	5. SEX 1 M 2 K F	6. AGE (In yrs. las	st birthday) YRS.	MONTHS C	YEAR IF UNDE	R 24 HRS.	7. DATE (Mon Apr	th, Day, Year)	1906	Sout	h Caroli	neign na
	9a. FACILITY NAME (If not institution, give s	street and number)			96. CITY, TO	OWN OR LOCAT	ION OF DE				UNTY OF E		
DIRECTOR	CALVERT MEMO	RIAL HOS	SPITAL		PR	INCE I	FRED	ERI	CK	CAI	LVER	T	7
<u> </u>	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY	
	Maryland (Calvert		F	rince	Freder	cick					LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP COD	DE			10g. CI	TIZEN OF	WHAT COUNTRY?	
	215 Tate Rd.)678				US	A	
B	11. MARITAL STATUS 1	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 1	RMED NO	If y	S DECENDENT es, specify Cub YES 2 NO	an, Mexica	in, Puerto	N? (Specify Y Ricen, atc.)	es or No—	Blac	E — American Indie k, White, etc. ^{#y:} Black	n,
	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCCI	UPATION ing most of work	ina	16	b. KIND OF B	USINESS/IN	OUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	1160	. Do NOT u	sewife		ing						
N N	17. FATHER'S NAME (First, Middle, Linst)				Sewiic								_
<u>ა</u>		oung					mmie		Middle, Maide		cant		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street and Number			nber, City or To				_
임	Jestine Brown				Box 20							20678	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	noval from State			OF DISPOSITION	ON (Name of		-	TE 20c. L		_		
1	4 Donation 5 Other (Specify)		Mt. C	live	Chr.	Cem.	6/1	6/94	Pr	ince	Fred	erick, M	D_
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NA	ME AND ADDRE	ESS OF FA	CILITY	Sewell	Fune	ral	Home	
	spencer	E- Se	wel	l								.,MD 206	78
CERTIFICATION	Interval Between IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence of): Due to (or as a consequence of): Supplies the total												
EHILL	that initiated events reaulting in death) LAST	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL (PERFORMED? AM CO OF								AWAILABLE PRIOR COMPLETION OF	AUSE			
ż													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	=//===1		OTHER:	28. PLACE OF (
2	1 YES 2 NO	1 Minpatient 2 -		DOA 28b. TIN		Home 5 R	asidenca		er (Specify) SCRIBE HOW	AN HIEW O	COLINED	_	
	1 Natural 5 Pending	(Month, De	y, Year)		JURY	WORK?	_ NO	26d. DE	SCHIBE HON	INJURY O	CCURED		
IED BY	2 Accident 3 Suicide 8 Could not ba 4 Homicide detarmined	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, term, street, factory, office building std. (Specific Street)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of r										a) and manner as st	ated.
	396 SIGNATURE AND TITLE OF CERTIFIE						ENSE NU				_	(Month, Day, Yeer)	
3	Tramare	Lar.	inst			9	1433	9		 	6 110	144	
5	30. NAME AND ADDRESS OF PERSON WHE				Print)	OWN	MD	204	30			,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF		HOM	111161	OWN,	MD	206	39				
	HIN 1 F 1004		P	1.0									

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-figure be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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		Amended	Item	#1	WCHD	6/	9/94	mpt	
1	_	FOR STATE			STATE	0F	MARY	AND /	DE
	_	DECUCTOAD							

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR				JERIII	ICATI	E OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First,								MONTH		AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Hila			RES				JUNE			1994	1916
	220–16–9593		5. SÉX 1 ★M 2 □ F	6. AGE (In yrs. 75	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month)	Day, Year)		B. BIRTHI Country	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give street and number)									21-18			
æ						150000		OR LOCATION OF DI	EATH		9c. COU	INTY OF DE	EATH
5	PENINSULA REGIONAL MEDICAL CENTER				ER		SALI	SBURY				WICOM	IICO
第	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TON					10d. INSIDE CITY
5	MD.	WORC	ESTER		Р	OCOM	OKE	CITY, MD	•		LIMITS?		
FUNERAL DIRECTOR	10e. STREET AND NUMBER	217 BF	THEDEN F	ROAD			101	21851				IZEN OF W	THAT COUNTRY?
3	11. MARITAL STATUS		12. WAS DECEDEN		ARMED	12	WAS DEC	ENDENT OF HISPAN	HIC OBIGINE	Manale, W.			
B	1 Never Married 2	larried	FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	2 NO Specif	ın, Puerto R		01 NO-	Black Specif	- American Indian, , White, atc. by: BLACK
8	15. DECE	DENT'S EDUCA	TION	16a.	DECEDENT'S	USUAL O	CCUPATIO	DN	16b.	KIND OF BU	SINESS/IN	DUSTRY	BUACK
E	Elementary/Secondary (0-	highest grade co	College (1-4 or 5+		(Give kind of a life. Do NOT us	se retired.)	during mo	st of working					
P P	7th				LABO	RER			LU	JMBERN	IAN		
COMPLETED	17. FATHER'S NAME (First, Mid		h					18. MOTHER'S NA	ME (First, M	iddle, Maiden	Sumame)		
BE (JUH	N HENRY						HENR:	ETTA	TAYL	OR	
2	19a. INFORMANT'S NAME (7)		TOUNICENE		19b. MAILING	ADDRESS	(Street a	nd Number or Rural I	Route Number	r, City or Tow	n, State, Zij	Code)	
-			TOWNSEND	,	ADD	KE55	SAM	E AS ABO	IVE				
	20a. METHOD OF DISPOSITION 7 Buriel 2 Cremation 4 Donation 6 Other (ON 3 G Remov Specify)	ral from State		SAMES				6-1	20c. LO SNO	CATION — WHIL	City or Tow	vn, State
ĺ	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	-		22.	NAME A	ID ADDRESS OF FA	CILITY				
	Vatr	un	a	Alle	4			JERSEY					21801
	23. PART I. Enter the dis	eases, or co	mplications mut st only ona	caused the	death. Do r	ot enter	tha mo	de of dying, suc	h as cerdi	ac or respi	ratory sr	rest,	Approximata
1	IMMEDIATE CAUSE (Fine		at only ona pu	se on each in	7								Onset and Death
	disesse or condition resulting in death)	>	HYPERT	ENSIVE	CARDI	OVAS	CUL	AR DISEAS	SE				YEARS
1				OR AS A CONS									
8	Sequentially list condition	ns, b.											
CERTIFICATION	if any, laading to immedicause. Enter UNDERLYIN		DOE TO	OR AS A CONS	SEQUENCE OF	-):							
윤	CAUSE (Disease or Injury that initiated events		DUE TO (OR AS A CONS	EOUENCE OI	า:							
E	resulting in deeth) LAST												
		-											
⋠∥	PART II. Other significan	conditions	contributing to	daath but not	t resulting	n the un	deriying	cause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									_	1 YES 2	™ NO		COMPLETION OF CAUSE OF DEATH?
¥.									_				1 YES 2 NO
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PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER		ACE OF DEATH (Che	eck only one)			
ΥS	1 X YES 2 NO		☐ Inpatient 2 ☐		-	4 🗆 Nun	Ing Hom	5 🗌 Rasidenca	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH	endina	26a. DATE OF I	INJURY ly, Year)	28b. TIM	E OF URY	28c. INJI WO	RK7	28d. DE\$0	RIBE HOW I	NJURY OC	CURED	
à	2 Accident In	vestigation	200 81 405 05	THE REPORT AND		M		ES 2 NO					
COMPLETED		ould not be starmined	building, a	INJURY — At I	nome, tarm, s	dreet, fact	ory, office	'		TION (Street a Town, State)	ind Number	or Rural Ro	ute Number,
7	29a. CERTIFIER (Check only	YING PHYSICI	AN: To the best of a	my knowledge, i	death occum	d at the ti	me, date	end placs, and due	to the cave	e(s) and mer	ner sa stat	led.	
8	one) 2 MEDIC	AL EXAMINER:	On the basis of ax	amination and/o	or investigation	n, in my o	pinion, d	eath occured at the	time, date a	nd place, en	d due to th	ne cause(s)	and manner as stated.
	29b. SIGNATURE AND TITLE O							29c. LICENSE NUN					(Month, Day, Year)
H	John F.	33ml	Dall	am	DEPI	TY M	LE.	D03599					, 1994
2	30 MANE AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (IT									, 1001
ij	JOHN T. BULL		,				AD,	SALISBUE	RY, M	ARYLAI	ND, 2	21801	
	31. DATE FILED (Month, Day, Ye		33. REGISTRAF		-								
1	JUN U	U IUUT	James ou		MARTIN								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
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- 1	rst, Middle, Last)		8		ICATE O	DEATT		2. DATE OF D	EG. NO.	ν	YEAR	3. TIME OF DEATH
John	116	Lew		tyr				6	15	_ 9	4	9:57 A
4. SOCIAL SECURITY NUI		5. 9EX	8. AGE (In yrs. le 82	st bilthday) YRS.	MONTHS DAYS	7	MIN.	7. DATE OF B (Month, Day	(Year) 7/19/2		Country	PLACE (State or Foreign XVILLE MD
705-10-287	Institution, give	street and number)			9b. CITY, TOWI	OR LOCATION	OF DE			. COUNTY		
Frederick RESIDENCE OF DE	Memoria	I Hospit	al		Frede	erick				Fre	den	ick
10e. STATE	10b. COUNT			10c. CIT	TY, TOWN OR LOC	CATION						10d. INSIDE CITY
Maryland	Free	denick		Kno	oxville							LIMITS?
10e. STREET AND NUMBE						101. ZIP CODE			10			HAT COUNTRY?
1138 Rosem	ont Dri					21758	3			USA		
11. MARITAL STATUS 1 Never Married 2 7 3 Widowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes,	ECENDENT OF specify Cuban, ES 2 X NO	Maxican	, Puerto Rican		No 14	4. RACE Black Specif	- American Indian, Whita, etc.
15, DE	ECEDENT'S EDU	CATION	16a, Di	ECEDENT'S	USUAL OCCUPA	TION		16b. KIN	D OF BUSINE	SS/INDUS	STRY	
Elementary/Secondary	(0-12)	College (1-4 or 5 +)	aive kind of a. Do NOT u	work done during use retired.) D	most of working		0.00				
10			La	rman	& Wrech				RR			
17. FATHER'S NAME (First,								AE (First, Middle		name)		
Earnest Le	Wis Ay	res	46	N- 84 A SI 1A12	G ADDRESS (Stree			ne Leo				
Carolene E		4			Rosemoi				,		/	.8
AND METHOD OF DIRECT	ITION		20b. PLACE	OF DISPO				MADAVE				
4 Donation 5 Oth	20s. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Reformed Cemetery 20s. LOCATION — City or Town, State Knoxville, MD									MA		
21. SIGNATION OF TIMES	RAL SERVICE LI	Villea	pu	nonea_	John John	AND ADDRESS	illi	ams Fu	ineral	Hom	ie.	
23. PART I, Enter the	RAL SERVICE LI	complications that List only one cau	Owner to caused the d	eeth. Do	22. NAME John 100 not enter the r	and address 2 T. Wi Peter	illi vil	ams Fu Le Rd.	ineral Bru	Hom	e ck.	MD 21716 Approximeta
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition	AL SERVICE LI	complications that List only one cau e. OUE TO b. DUE TO c.	Owner I caused the d se on each lin	eeth. Do e. EOUENCE C	22. NAME Gohi 100 not enter the r	and address 2 T. Wi Peter	illi vil	ams Fu Le Rd.	ineral Bru	Hom	e ck.	MD 21716
23. PART I. Enter the shock, or immediate CAUSE (fisease or condition resulting in death) Sequentially list condif any, leading to immediate. Enter UNDER! CAUSE (Disease or in that initiated events	dieeeses, or heert fallure.	complications that Liet only one cau e. OUE TO b. DUE TO c. DUE TO d.	Owner caused the dase on each lin (OR AS A CONSE	eeth. Do e. EOUENCE C	22. NAME Gohi 100 not enter the r	and address a T. Wi	illi ovil g, auch	ams Fulle Rd. 1 as cordisc	neral Bru Dr respirate	Homnswi	ck.	MD 21716 Approximeta
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Indisease or condition resulting in death) Sequentially list condition in the sequence of th	dieeeses, or heert failure.	complications that Liet only one cau e. OUE TO b. DUE TO c. DUE TO d.	Owner caused the dase on each lin (OR AS A CONSE	eeth. Do e. EOUENCE C	22. NAME Gohi 100 not enter the r	and address a T. Wi	illi 1900 il 1900 il	ams Fulle Rd. 1 as cordiac	neral Bru Dr respirate	Homnswith only arrest	ck.	Approximeta interval Betwee Onset and Daat Years Were autopsy findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition recuiting in death) Sequentially list condif any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	dieeeses, or heert failure.	complications that Liet only one cau e. OUE TO b. DUE TO c. DUE TO d.	Owner caused the dise on each lin (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	eeth. Do e. EOUENCE C	22. NAME Gohu 100 not enter the r	AND ADDRESS 2 T. With Peters Rode of dyling	JUILION IN STATE OF THE STATE O	Ams Fulle Rd. 1 as cordisc Part I. 24s 1 [was an autrest the second of t	Homnswith only arrest	ck.	Approximeta Interval Betwee Onset and Daart YOUR WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Idease or condition recuiting in death) Sequentially list condition recurse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignity 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	dieeeses, or heert failure.	complications that List only one cau e. OUE TO b. DUE TO c. DUE TO d	Owner It caused the dise on each lin HORAS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpatient INJURY 19, Your)	COUENCE OF COUENCE OF	22. NAME Gohy 100 not enter the r DF): DF): DF): OF): OF): A in the underly A in Nursing H ME OF NURY M 1	AND ADDRESS 2 7. With Peters Rode of dying ring cause given PLACE OF DEJ Ome 5 - Rest ROJURY AT WORK?	y such	Ams Fulle Rd. 1 as cordisc Part I. 24s 1 [was an autreprendiction of the second of the	Homnswicher arres	2e ck.	Approximeta Interval Betwee Onset and Daart YOUR WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?
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32. REGISTRAR'S SIGNATURE Rankell

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DHMH-18 Rev 1/89

1 - STATE REGISTRA	۱ -		1	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with now ster death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OHAL OF I	C				DEATH	MENTAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) $\mathbb{E} \mathbb{V}$	on Do	sh	ALBAI		7		2. DATE O	F DEATH	MY/7	9 ^{YEAR}	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-07-0299	5. SEX	6. AGE (In yrs. II	est birthday) YRS,	MONTHS 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day Year)	914	6. BIRT	HPLACE (State or Edwign aryland	
OR	Frederick Memoria	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Frederick Memorial Hospital Frederick Fr									ederick		
DIRECTOR	residence of decedent 10a. STATE 10b. COUNT Maryland F1	rederick		10c. CIT	r, town of							10d. INSIDE CITY LIMITS? 1 PYES 2 NO	
FUNERAL	100. STREET AND NUMBER 403 Deleware Ros	ad				10f	ZIP CODE 21701			10g. CI		N OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 SWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. A TO YES 2 TO MAR OR DATES	NO	11	yea, spe	ENDENT OF HISPAN Icity Cuban, Maxica 2 NO Specify	n, Puarto Ri		s or No—	14. RAC Blec Spec	E — American Indian, k, Whita, atc.	
COMPLEIED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		Give kind of fe. Do NOT u	usual occ work done du se retired.)	CUPATIO	DN st of working	16b. I	KIND OF BU	nurcl			
200	17. FATHER'S NAME (First, Middle, Last) Charles Lee Por	nton		Dec1	oar y	-	18. MOTHER'S NA	ME (First, Mi	ddle, Maider				
0 BE	190. INFORMANT'S NAME (Type/Print) Dr. Dennis L. All	oan	1	10536	AODRESS Sus	(Street a	nd Number or Rural I	Route Numbe	r, City or Tov	vn. State, i	Zip Code) Land	21875	
	20a METHOD OF DISPOSITION 1 Deviate 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	EANDDATE	of Disposition place)	TION (Na	me of	DATE	20c. LC	CATION -	- City or To		
	21. SIGNATURE OF FONERAL SERVICE LIC				22. N	AME AN	ney and	Basfo:	rd Fu	nera	1 Hor		
CENTIFICATION		b. OUE TO		EOUENCE O	F):				Enel	1000			
100	PART II. Other significent condition							_	24a. WAS AMPERFO	RMED?	Y 24t	were autopsy findings available prior to completion of cause of death?	
	DID TOBACCO USE O	CONTRIBUTE	TO CAU	SE OF	DEATH	H Y	ES NO					1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHER:		ACE OF DEATH (Ch						
	27. MANNER OF DEATH 1 Setural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L	INJURY	28b. TIN		28c. INJ			RIBE HOW	INJURY O	CCURED		
- 10	3 Suicide 8 Could not ba 4 Homicide detarmined	28a. PLACE C building,	OF INJURY — At h etc. (Specify)	nome, farm,	street, factor	ry, offici			TON (Street Town, State		er or Rural	Route Number,	
COMPLETE		ICIAN: To the beat of a										a) and manner as stated.	
ם מ	29b. SIGNATURE AND TITLE OF CERTIFIED	R					29c. LICENSE NUM			29d. D/	TE SIGNE	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH OF	FM 273 /5	Print		D146:	2 6		6	/12	194	
	7 Gragen	0720	120. 6		501		w <	- v ral	4 <	sc.	ر در سال	druck of	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	0	-						- 2.		
	JUN 2 0 199	74 720	a a wello	Mark	14								

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending private	or, page 5 should be detached for use as the burns	ust be notified at once.
	es nours after death. Page 6	filled in by the funeral direct	he medical examiner m
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physics	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral size of the funeral director, page 5 should be detached for use as the funeral size of the funeral director, page 5 should be detached for use as the funeral size of the funeral director, page 5 should be detached for use as the funeral size of the funeral director, page 5 should be detached for use as the funeral size of the funeral director, page 5 should be detached for use as the funeral size of the funeral director, page 5 should be detached for use as the funeral size of the funeral director, page 5 should be detached for use as the funeral size of the funeral director and the funeral size of the funera	De lied whelm 72 mous after deart with the state dept. Or regula and weekla hydere prior to bothla, cremator, or removal. IMPORTANT: If I feet 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CAIL	DEATH	REG. NO),	
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATN
-	PERCY	HUILDA	ATC	OHTOH				YEAR
				OUITH		06 1	1 7 7	
, i	4. SOCIAL SECURITY NUMBER		(In yrs. leat birthday)	MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year)	1	B. BIRTNPLACE (State or Foreign Country)
- 4	213-36-5607	1 1 m 2 □ F 7 q	YRS.	MONTHS DAYS	HOURS MIN.		,	
	9e. FACILITY NAME (If not institution, give a			OF CITY TOWN	OR LOCATION OF D	104-14-191		Maryland TY OF DEATH
0						EAIN	C21-113-005	
Ö	312 South River	Club House F	Road	Edge	water		Ann	e Arundel
5	RESIDENCE OF DECEDENT							
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	CATION			10d. INSIDE CITY
ㅎ	Maryland Anne	Arundel			Edgewat	or		1 YES 2 NO
51	10a. STREET AND NUMBER	III dilder					_	
₹	IOS. STREET AND NUMBER			11	IOF. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL	71 Brick Church	Road			21037	7	Unit	ed States
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DE		NIC ORIGIN? (Specify Ye		14. RACE — American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, i	specify Cuben, Mexic	an, Puerto Ricen, etc.)	01 100	Black, White, etc.
B	3 Widowed 4 V Divorced	IF YES, GIVE WAR OR	DATESA	1 🗆 YE	ES 2 NO Speci	ly:	- 1	Specify: 11
		<u> </u>						Specify: White
ш	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S	USUAL OCCUPATION ork done during r	TION	16b, KIND OF BU	SINESS/INDU	STRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	nost or wonung			
4 1	5		E.	armer			Farmi	na
₹			1 10	armer				iig
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maider	Sumeme)	
	Peter P. A	isquith			Ec	lith P.	Phi	DDS
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL ING	ADDRESS /Strang		Route Number, City or Tox		
2	Percy L. A	isquith						ewater,Md21037
		ISquiti	312 0	Jucii Ki	ver crub	nouse nou	, Eug	ewater, nd21057
- 1	20e. METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	corel from State	b. PLACE AND DATE	F DISPOSITION (Name of	DATE 20c. L	CATION - CI	Ity or Town, State
	4 Donation 6 Other (Specify)	A°	LI Hallow	s Epis.	Church (Cem. 6/15 1	deewa	ter, Maryland
	21. SIGNATURE OF FUNERAL BERVICE LIC		1	7	AND ADDRESS OF FA			
- 1	. ///	(M)	/		AND ADDITED OF T	John M.	Tayl	or F.H., inc.
	1/	wo / E/)	celles	1147 D	uke of G1			nnapolis, Md.
	23. PART I. Enter the diseases, or	complications that and	day dela De					
	the court of relient rate dimension? Or o	comprisentations and Catal						
1	shock, or heart failure.	List only one cause on	each line.	ot enter tha m	node of dying, au	on as cardiac or resp	iratory arre	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	aach line	ot enter tha m	node of dying, aud	ch aa cardiac or resp	iratory arre	intarval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on	aach lied	ot enter tha m	lode of dying, aud	on as cardiac or resp	iratory arre	intarval Between
	immediate cause (Final	a. Perty	lane	n c	node of dying, au	en aa cardiac or resp	iratory arre	intarval Between
	IMMEDIATE CAUSE (Final disease or condition	a. Perty	aach limi	n c	node of dying, aud	en aa cardiac or ress	iratory arre	intarval Between
NC	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS,	A CONSEQUENCE OF	n c	wit	n aa cardiac or res	iratory arre	intarval Between
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	a. DUE TO (OR AS,	lane	n c	with	n aa cardiac or res	iratory arre	intarval Between
CATION	immediate condition, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS,	A CONSEQUENCE OF	n c	node of dying, aud	n aa cardiac or res	iratory arre	intarval Between
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at Zun un	BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Amended #1, 6		RYLAND /	DEPAR	TMENT (OF H	EALTH AND I	MENTAL HYGIEN REG. NO.	_	J -1	18825
	1. DECEDENT'S NAME (First, Middle, L	2 WSTERP,	De	De	en Arm	ıbrı	uster	2. DATE OF DEATH DA	1 9	YEAR	3. TIME OF DEATH 866 PMM
	4. SOCIAL SECURITY NUMBER 212-09-9376	1 0 M 2 0 F	AGE (In yrs. last	t birthday) YRS.		DAYE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-17-02		Country	PLACE (State or Koreign y) Y1 Y1 Y1 Y1 Y1 Y1 Y1 Y1 Y1 Y
TOR	90. FACILITY NAME (If not institution, g HOWARD COUNTY (RESIDENCE OF DECERNA	General Hosp	ital				mbia	EATH		vard	EATH
DIRECTOR	10a. STATE 10b. CO				Y, TOWN OR						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3004 North Rids	ge Road				_	21043	Total-1			rhat country?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV	YES 2 XN		lf y	yes, spi	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yee in, Puerto Rican, atc.) y:	_	14. RACE Black, Specify	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(Gh	ve kind of w Do NOT us	usual occi work done dun se retired.)	ring mo		16b. KIND OF BUS	SINESS/IND	USTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last, Herman Manthe	ŋ					The second second	ME (First, Middle, Meiden Kriewald	Sumame)		
0	19a. INFORMANT'S NAME (Type/Print) Shirley Hawes							Route Number, City or Town)42
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 6 Other (Specify)		20b. PLACE AI cemetery, crem Cedar	matory or ot	ther place)	net	ery 6	-17-94 Gle	n Bur		
	21. SIGNATURE OF FUNERAL SERVICE				Har 411	rry 12 (Old Colu	e Funeral I mbia Pike I	Ellic	ott	City 21043
	23. PART I. Enter the diseases, shock, or heert felt IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cou	aused the dae on each line.	ul	m	ne mo	ode of dying, auc		ratory arm	est,	Approximata Interval Between Onset and Daath
NO O	Sequentially list conditions, if any, leading to immediate	b	R AS A CONSEC	DUENCE OF	n:						

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSI					
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):				
PART II. Other aignificent condition		reaulting in the	underlying ceuse given i	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check only o	ne)	
1 TES 2 NO	HOSPITAL:	3 DOA 4	IER: Nursing Home 5 - Residence	6 Oth	er (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DE	SCRIBE HOW INJURY OCCU	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	nome, ferm, street,	factory, office	28f. LOC City	CATION (Street and Number of or Town, Stelle)	r Rural Route Number,
one) 2 MEDICAL EXAMIN	ICIAN: To the best of my knowledge, c		ry opinion, death occured at ti	ne time, date	e end place, end due to the	ceuse(e) end manner as stated.
295. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND AGGRESS OF PERSON WI	er mo	FM on Gran Salah	29c. LICENSE N			SIGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or attending physician. TO THE EMISCAL DIRECTION After this carefulate has been signed by the attending physician, and commission filled in by the formal direction of the bound to the control of the contr
TO THE CHARGO. After one certainwater has been supred by the authoring proposed and commercial medical, pege 3 should be detached not use as the burnarization be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERT	IFICATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	A113					MONT			YEAR	. TIME OF DEATH
	Jennie Ma 4. Social Security Number	y Allison					Jun			994	2:10a m
T,	206-12-0010	5. SEX 8.	AGE (In yrs. last birthde 72 YRS	MONTHE	DAYS	HOURS MIN.	(Mon	OF BIRTH		Country)	ACE (State or Foreign
10	Sa. FACILITY NAME (If not institution, give	street and number)		9b. CITY	TOWN C	R LOCATION OF DE				TY OF DEA	
OB	Union Hospital o		unty	E	1kto	n			Ceci		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	140-	CITY, TOWN O						-	
FUNERAL DIRECTOR		ecil	100,	Nort							LIMITS? VES 2 ND
7	10s. STREET AND NUMBER				100	ZIP CODE		POR	10g. CITIZ	EN OF WH	AT COUNTRY?
VER/	115 Second Stree					21901			Uni	ted	States
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1 [ENDENT OF HISPAN			or No-	14. RACE -	- American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR				2 D NO Specifi		PRCBN, OIC.)			White
8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN (Give kind	of work done of	CCUPATIO	N st of working	16	. KIND OF BUS	INESS/IND	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NO	memak				н	ome		
E	17. FATHER'S NAME (First, Middle, Lest)		110	memare							
20	John W. Rhoads					18. MOTHER'S NA			Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	INO AODRESS	S (Street a	nd Number of Rural I	Boute Num	shor City or Town	State Zin	Codel	
5	Edwin G. Allison	, Sr.				treet, N					1
	20a. METHOD OF DISPOSITION 1 反 Buriel 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE AND DA	TE OF DISPOS	ITION (Na	me of	DAT	E 20c. LO	CATION — C	aty or Town	, State
	4 Donation 5 Other (Specify)		Philadelp	hia M	emor	ial Park	6/1	0/94	Fraze	er, P	ennsylvani
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	-		h Funera		me			
	(Koley)	MAN	0						North	Eas	t MD 21901
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEDUENCE AS A CONSEDUENCE AS A CONSEDUENCE	CA OF):							
빙		d.									
Σ	PART II. Other algolificant condition	na contributing to da	ath but not resulting	ng In the un	derlylng	g cause given in	Part I.	24a. WAS AN PERFOR 1 _ YES 2	MED?	Al C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL										
ᅙ	EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (Ch	eck only o	ne)	-		
YS	1 YES 2 NO	1 Inpetient 2 El				e 5 🗆 Residence	6 🗆 Oth	er (Specify)		777	
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE DF IN. (Month, Day,		TIME OF INJURY M		URY AT RK? 'ES 2 ND	28d. DE	SCRIBE HOW II	VJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	JURY — At home, fan . (Specify)	m, street, fact	ory, office		281. LOI City	CATION (Street a or Town, State)	and Number	or Rural Rou	te Number,
E											
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYIND PHYS	ICIAN: To the best of my ER: On the basis of exam									nd manner as stated.
	296- SIGNATURE AND THE OF CERTIFIE					29c. LICENSE NUI					fonth, Day, Year)
BE	4	7	1								
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	DE DEATH (ITEM 27) (7	ype, Print)		D-323	95		J	une a	8, 1994
	Dr. Thomas Finuca	n 3 Me	uldin Ave	nue, l	Nort	h East.	MD	21901	410/	287-	5616
	31. DATE FILED (Month, Day, Year) JUN 0 9 94	102 HEGISTRANS	SIGNATION	1-1-					. 201		J J L U
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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. - DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. - Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fing physician. the burial-transit permit.

									9	4	18827
	FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	RTMENT (F HEALTH	AND I	MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last) MEELY, Flo:	rence	AND			0. 02		2. DATE OF OEATI MONTH	4	4 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-01-6750		8. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER	MIN.	7. DATE OF BIRTH 05-15-		8. BIRTH	PLACE (State or Foreign
~	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATI	ON OF DE			UNTY OF DI	
СТО	Glasgow Nurs	ing Home			Can	bridg	e		D	orch	ester
DIRECTOR		rchester		10c. CIT	Y, TOWN OR	ocation st Ne	w Ma	arket			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3507 Aeberle	Road				10f. ZIP COD		531	10g. Ci		S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 2	IMED NO	If y	DECENDENT Cos, specify Cube	m, Mexice	IIC ORIGIN? (Specify n, Puerto filcan, atc.	Yes or No-	Specif	- American Indian, , Whita, etc. by:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7th	CATION completed) College (1-4 or 5+)	ille.	Do NOT us	USUAL OCCL work done duri se retired.)	ng most of worldi	ng	16b. KIND OF	BUSINESS/IN	IDUSTRY	
CON	17. FATNER'S NAME (First, Middle, Last)			J C.D	010 1	18. MOT		ME (First, Middle, Mei	den Sumame)		
B	John Winfield 190, INFORMANT'S NAME (Type/Print)	Mills	1 100	MAII INC	ADDRESS (C		Wil	ninia B	rambl	.e	
10	Doris V. Fitz		3	507	Aebe	rle Ro	d.,	Coute Number, City or East Ne	w Mai	rket	, MD.
	20e METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)		20b. PLACE A cemetery, cre Dorch	matory or of 1est	of Disposition ther plecel	N (Name of m. Pk	. (0ATE 20c.			
	21. SIGNATURE OF FUNERAL SERVICE LA	ran-kr	Smu	sels	Cur 308	ran-B High	romy St.	vell Fu	neral	. Hom	ne, P.A. 0. 21613
	23. PART 1. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CONSC	e on each line	v.	not enter the	mode of dyl	ing, auch	aa cardiec or re	apiratory a	rrest,	Approximate interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	ARY DR AS A CONSEC	AR DUENCE OF	topy	5	2150	eas E			1
CERTIFICATION	that initiated events		AS A CONSEC	DUENCE OF	7):						111
CER		. HYPET									-
PHYSICIAN: MEDICAL		DMNJ 1BRILL	9)	11	AORTI		EVOY	SM PERI	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
N	COMMUNICATI		y Deoc	_	AI a	5		_		1	1 DYES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DI	EATN (Che	ck only one)			
HYS	1 YES 2 WNO 27. MANNER OF DEATN	1 Inpatient 2 I g	JURY	DOA 25h. TIMI	4 Khursing	Nome 5 Re	sidence (Other (Specify)	W INJURY OC	cuneo	

RT ii. Other aignificant	conditione contributing to death but not	resulting in the underlying	cause given in Part
	(DMNID)		ANEVEYS
ATP. DI	FIBALLA TIA	A	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATN 28a. OATE OF INJURY (Month, Day, Year) 28h. TIME OF INJURY 28s. INJURY AT WORK? 284. DESCRIBE HOW INJUSTY OCCURED 1 Netural 5 Pending Investigation 2 Accident
3 Suicide

1 TES I NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEOICAL EXAMINER: On the basis 290. SIGNATURE AND TITLE OF CERTIFIER

-			lles	1	D	
		DRESS OF PER	SON WHO COMP	LETEO CAUSE C	P DEATN (ITEM 27) (7	ype, Print
_	MUCH	1460	HIV	ODKE	WICZ	/

16609

Md. 503 134RN ST. CAMBEISEE.

MOSKEWICZ 32. REGISTRAN'S SIGNATURE Alia Okwalson Rawlall JUN 1 4 1994

Q1613

29d. DATE SIGNEO (Month, Day, Year)

16-12-94

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Mours after death. Page 6 may be retained by the hospital or attending physician.	rurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages in the filled within 72 hours after health with the State Deut of Health and Mental Hydiene prior to bunal, cremation or removal.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages' removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las.		CERTIF			F			
	or R Bur	lce			2. DATE OF	DEATH DAY	YEAR 94	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 185-14-9012	1 😾 M 2 🗆 F	GE (In yrs. lest birthday) 67 YRS.	MONTHS DAYS		7. DATE OF 1 (Month, De 2-15	BIRTH 19. Year) -1927	6. BIRT	THPLACE (State or Foreign
90. FACILITY NAME (If not institution, give 11951 Big Spr	ing Road		Clear	Spring	EATH 9	94	C COUNTY OF Washi	ngton
10e. STATE 10b. COUNTY WAS	hington	10c. C	TY TOWN OR LOS	pring,				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 11951 Big Sp	ring Road			21722		10	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 130 Y	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES M NO Speci	an, Puerto Rica		Ble	CE — American Indian, ick, White, atc.
15. DECEDENT'S EL (Specify only highest gre Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	(Give kind o	s usual occupa f work done during in use religed.)	TION nost of working	2000	Schoo	SS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	701			18. MOTHER'S N.				3
Elmer Joseph	Burke				rude			ora
Daniel Burke		P.O.	Box 44	send Number or Rural Shelby	Poute Number, 0	Olly or Town, St.	tate, Zip Code) 40066	
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	206. PLACE AND DATE ROSE HII	E OF DISPOSITION	Name of 6-1	7+84E	20c. LOCAT	ION — City or 1	Town, State
21. SIGNATURE OF FERENAL SERVICE			22 NAME Tho	Mpson F	unera	l Hom	e, In	c.
IMMEDIATE CAUSE (Final disease or condition	e. List only one ceuse o	on each line.	not enter the n	node of dying, suc	ch ss cardisc			Approximata interval Betw
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Cur Verus DUE TO (OR /	on each line.	lear to or):	node of dying, suc	ch ss cardisc			Approximata interval Betw
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Cur Urus DUE TO (OR /	AS A CONSEQUENCE (not enter the n We are to OF): OF):	Description of Description	twu	or respirato	ory errest,	Approximate interval Betwonset and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do Green and Do
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Cur Urus DUE TO (OR /	AS A CONSEQUENCE (not enter the n We are to OF): OF):	Description of Description	Cusu Part I. 24	or respirate	ropsy 24	Approximata interval Betwoonset and De Comment and
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Cur Urus DUE TO (OR /	AS A CONSEQUENCE (not enter the n Hear! OF): OF): of):	Description of dying, such	Current I. 244	or respirato	ropsy 24	interval Betwonsel and De Competand De Competand To Competand To Competand To Competand Of Death?
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. Cur Leve of DUE TO (OR /	AS A CONSEQUENCE OF	not enter the n Lite act 1 OF): OF): I in the underlying the continuous section of the conti	Description of dying, such a Description of Description of Description of Death (Co.)	Part I. 24	a. WAS AN AUTPERFORME	ropsy 24	Approximate interval Betwoonset and De Compe
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the cause cause of the cause	a. Cur Ular G. DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / d. DUE TO (OR / d. HOSPITAL: 1 Inpetient 2 ER/ 28e. DATE OF INJU (Month, Dey, Ye.	AS A CONSEQUENCE Of the but not resulting	of): OF):	Description of dying, such processing of dying, such processing of the processing of	Part I. 24	a. WAS AN AUTPERFORMED YES 2 2	ropsy 24	Approximate interval Betwoonset and De Compe
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause cause. The condition of the cause	a. Cur Ulrus B. DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / DUE TO (OR / d. DUE TO (OR / DU	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	of): OF):	Description of dying, such a property of the p	Part I. 24	a. WAS AN AUTPERFORMED YES 2	TOPSY 24	Approximate interval Betwonset and De Grand De G
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of Death Investigation of Deat	a. Cur Union a. Cur Union DUE TO (OR / DUE TO (OR / d. DUE TO (OR / d	AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (OF): OF):	Description of dying, such and place of dying, such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and s	Part I. 244 1 1 244 1 28d. DESCRI 28f. LOCATIC City or R	a. WAS AN AUTPERFORMED YES 2 Occity) BE HOW INJU IN (Street and in the street) a) and manner	POPSY 24 POPSY DP POPSY	Approximate interval Betwonset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation 1 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 3 MEDICAL EXAMINED 4	a. Cur Union a. Cur Union DUE TO (OR / b. DUE TO (OR / c. DUE TO (OR / d	AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (OF): OF):	Description of dying, such and place of dying, such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and place, and during such and s	Part I. 244 1 [Other (Sc. 28d. DESCRI	a. WAS AN AUTIPERFORMED YES 2 Decity) BE HOW INJUDIN (Street and insurance and insuran	TOPSY 24 TOPSY D? AND A COURED Number or Rural as stated. ue to the cause ind, DATE SIGNE	Approximate interval Betwonest and De Conset

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physidian.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fram he filled within 72 hours after death with the State Deor, of Heath and Mental Hydiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-transparent
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	DECEDENT'S NAME (First, Middle, Last) Gertrud	e	Virginia	BAKER		2. DATE OF DEATH MONTH DAY	94	3. TIME OF OEATH
- 1	I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIRTHE	LACE (State or Foreign
	216-22-8565	1 M 2 F	66 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 28, 19	Country	
-	De. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF D		COUNTY OF DE	yland
- 10			• .1 - 1	The same of the same of		LAIN .		
6 F	Washington Cou	nty Mosp	тат	Hage	erstown		WASHI	NGTON
	IOa. STATE 10b. COUNTY			TY, TOWN OR LOCA	TION			10d, INSIDE CITY
E .	Mary land Wach	ington		Maurana				LIMITS?
5 13	Maryland Wash	ington		Maugansv	1. ZIP CODE		0a. CITIZEN OF W	YES 2 NO
FUNERAL				10	1. ZIP CODE		og. CITIZEN OF WI	HAT COUNTRY?
¥	13833 Village Mi				21767		USA	
	1. MARITAL STATUS	12. WAS DECEDEN	YES 2 NO			NIC ORIGIN? (Specify Yes or an, Puerto Ricen, etc.)	No- 14. RACE Black.	- American Indian, White, etc.
	Never Merried 2 Merried Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		2 NO Speci		Specify	<i>r</i> :
- 1								White
<u> </u>	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	Work done during m		16b. KIND OF BUSIN	ESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	We Do NOT a	ise retired.)		- 200		
E L	12		Food	Service		Edu	cational	System
5 1	7. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Melden Sur		
	Russell		Jor	dan	Clau	dia Ame	lia	Perry
# F	9a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town, 5		rerry
2 '	Earl P.Baker					and the same of th		04545
			20b. PLACE AND DATE			d. Maugans	TION — City or Tow	21/6/
	De. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Rem	oval from Stata	cemetery, crematory or Green lawn M	other place)	ame of	1		
	Donation 5 Other (Specify)		Green awn M				iamsport	,MD 21795
12	1. SIGNATURE OF EUNERAL SERVICE LIC	CENSEE		OSBOR	NE FUNER	AL HOME		
	> ///ept////	(Stan	u			Williamspo	ant MD 2	1705
	23. PART i. Enter the diseases, pr	eem-Heetlens the	the accordance of the first					Approximate
	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	a. COC	ONALY L		Disea	Se_		Onset and Daat
	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING	b	(OR AS A CONSEQUENCE C	PF):				
- 1	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE C	PF):				
MEDICAL	PART II. Other algolificant condition Small Cell	6	1 11	in the underlying		Part I. 24a. WAS AN AU PERFORMS 1 YES 2	NO NO	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1			LACE OF DEATH (C	neck only one)		
ō	1 TYES 2 WO	1 Inpatient 2	XER/Outpatient 3 - DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
E 2	7. MANNER OF OEATH	28e. DATE OF (Month, E			JURY AT ORK?	26d. DESCRIBE HOW INJU	JRY OCCURED	
- 14	1 Natural 5 Pending	(Month, L	IN		YES 2 NO			"
6	2 Deviate	28a. PLACE C	OF INJURY — At home, farm,	streel, factory, offic	20	26f. LOCATION (Street and	Number or Rural Re	oute Number,
3	4 Homicide 6 Could not be determined	building,	etc. (Specify)			City or Town, State)		
2			my knowledge, death occur examination and/or investigati					end manner ae stated.
	9b. SIGNATURE AND TIPLE OF CENTIFIE	rollin	WeD		DY29	MBER 2	Pd. DATE SIGNED ► 6 - 21	Month, Day, Year)
	A E Malani	on 11	SE OF DEATH (ITEM 27) (TYP) (10 Med) AR'S SIGNATURE	cal Co	mpus (Rd, Hage	rstown	M62174
	JUN 2 1 1994		Tenien Pendal			3		

BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending physician.	r, page 5 should be detached for use as the bunial-transfer	st be notified at once.
BALTIMO	nours after death. Page 6	ed in by the funeral direction or removal.	medical examiner mi
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trafial be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

(ITA

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		T		2. DATE OF DEATH		3. TIME OF DEATN
	WILLIAM	Ρ.) UNTING	MONTH DAY	94	0252 "
	4. SOCIAL SECURITY NUMBER			UNDER I YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		NPLACE (State or Foreign
		1 ☑ M 2 ☐ F	MC	NTHS DAYS HOURS MIN.	(Month, Day, Year)	Count	try)
- 1	214-30-8613		01		JAN.22, 1933		H CAROLINA
_	9a. FACILITY NAME (If not institution, give a			. CITY, TOWN OR LOCATION OF D	EATH 9c.	COUNTY OF	DEATN
DIRECTOR	PENINSULA REGION	VAL MEDICAL	CENTER	SALISBURY		WICON	MICO
ן ק	RESIDENCE OF DECEDENT						
2	10e. STATE 10b. COUNTY	T.	10c. CITY, T	DWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND WORC	<u>ESTE</u> R	OCEAN	CITY			1 X YES 2 NO
4	10e. STREET AND NUMBER			10f. ZIP CODE	104	g. CITIZEN OF	WHAT COUNTRY?
E	1929 MARLIN DRIVE			21842		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC OBIGIN? /Specify Yea or N		E — American Indian,
	1 Never Married 2 N Married	FORCES? 1 V	YES 2 NO	If yes, specify Cuban, Mexic	an, Puerto Rican, etc.)	Blac	ck, white, etc.
BY	3 Widowed 4 Divorced	KOREAN	OH DATES	1 YES 2 X NO Speci	ty:	Spec	WHITE
	15. DECEOENT'S EDUC		16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINES	SE /INDITION	777772
	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during most of working	TOO. KIND OF BOSINES	Jannoosini	
ا ټ	Elementary/Secondary (0-12)	College (1-4 or 5+)			DECEMBER	NUT	
COMPLET	OF PATHERNO MARKET OF THE PARKET	1	KEST	AURANT OWNER	RESTAURA		
	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden Surne	ame)	
E E	WILLIAM BUNTING			LOUISE	GOLDEN		
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street and Number or Rural	Route Number, City or Town, Sta	nte, Zip Code)	
-	MARTHA J. BUNTING		1929 MA	RLIN DRIVE, OC	CEAN CITY, MA	RYLAND	21842
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF C	DISPOSITION (Name of	OATE 20c. LOCATIO	ON — City or To	own, State
	1 T Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	SUNSET MEM	ORTAL PARK	6/13/94 BER		
- 1	21. SIGNATURE OF PUMERAL SERVICE LIC	enser/	BONDET TIEF.	22. NAME AND AGORESS OF FA		LI CALLE	AKTLAND
- 1	11/101	17KV	2	az. White Alle Addition of 11	TOLIT I		
	1 Karles W	Auston	40	HASTINGS FUNER	RAL HOME, SEL	BYVII.I.	E. DE.19975
	23. PART I Enter the diseases, or o	complications that ca	sed the deeth. Do not	enter the mode of dying, eur	ch se cerdiac or reepirator	rv errest.	Approximate
	ahock, or heert failure.	List only one cause	on esch iine.				interval Between
1	IMMEDIATE CAUSE (Finel disease or condition	0	1	014	740		Onset and Death
	resulting in deeth)	s	rdiac	arrley Hon	ein		
		DUE TO (OR	AS A CONSEQUENCE OF):	10		020	
Z	Sequentially list conditions,	a. J	enere (6	ray/ litter	y Dister	e	
≝	if any, leeding to immediate	PO) OT SUG	AS A CONSEQUENCE OF):	/			
KIIFICATION	CAUSE (Disease or injury	C					
	that initiated evente	OUE TO (OR	AS A CONSEQUENCE OF):				
2	resulting in death) LAST	4					
5							
7	PART ii. Other eignificent condition	e contributing to des	th but not recuiting in t	he underlying couse given in	Part I. 24s. WAS AN AUTO		. WERE AUTOPSY FINDINGS
DICAL	- Marie	Soul 1	Fait 20	To Workers	1 VES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	- Server	/Ho	Il Vant	1 10	1 1 163 2 1/14		OF DEATH?
Ž							1 YES 2 NO
2	DID TOBACCO USE C	CONTRIBUTE T	O CAUSE OF D				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATN (CI	heck only one)		
Ž	1 TES 2 NO	1 ☑ Inpatient 2 ☐ ER		☐ Nursing Home 5 ☐ Residence	8 Other (Specify)		
5	27. MANNER OF DEATH	28a. DATE OF INJS (Month, Day, Y	URY 28b. TIME O	F 28c. INJURY AT WORK?	28d. OEŞCRIBE NOW INJUR	Y OCCURED	
2	1 Natural 5 Pending	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110011	M t YES 2 NO			
	2 Accident 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home, farm, stre	et, factory, office	28f. LOCATION (Street and N	lumber or Rural	Route Number.
	4 Homicide determined	building, atc.	(Specify)		City or Town, State)		
COMPLETE	29a. CERTIFIER				<u> </u>		
Į	(Check only			t the time, data and place, and du			
5	2 MEOICAL EXAMINE	R: On the beals of exami	nation and/or investigation, i	n my opinion, death occured at the	time, data and placa, and du	a lo tha cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE-OR CERTIFIES		-///	29c. LICENSE NU	MBER 296	d DATE SIGNED	O (Mehth, Day, Year)
	(Res. S	F.C.	1/60	10 -	200	61	10 600
2	30. NAME AND ADDRESS OF PERSON WHO	O COMBI ETER CALLET	POLITH STEEL AS	0 0-2	0030	4/	0/4/2
	D COLUMN TO ADDRESS OF PERSON WHO	COMPLETED CAUSE O	T DEATH (ITEM 27) (Type, Pri	> 1 D	./0	NIA	1
1	WENITO S	· CHA		7-D River	suk de.	Salst	4026
	31. DATÉ FILED (Month, Day, Year)	12. BEGISTRAR'S	SIGNATURE				7
	JUN 14 1994	Jala alau	who hardall				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

2

JAMES L. CLIFF 31. DATE FILEO (Month, Day, Year) JUN 13 1994

CLIFFORD

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) LILLIAN HAZEL BR			BRUM	BLEY	2. DATE OF DEATH MONTH	7/ 19	3. TIME OF DEATH	M
	4. SOCIAL SECURITY NUMBER 221 07 2395	1 □ M 2 🂢 F 77	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 7-27-1916	8.	BIRTHPLACE (State or Foreign Country) Md.	
TOR	99. FACILITY NAME (If not institution, give PENINSULA REGIO RESIDENCE OF DECEDENT	The second second	ENTER		ISBURY	DEATH	9c. COUNTY WIC	OF DEATH OMICO	
DIRECTOR	10e. STATE 10b. COUNT Md. Wico		1	ry, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 YES 2 NO	_
FUNERAL	300 Carey Ave.				101. ZIP CODE 21801		109. CITIZEN	OF WHAT COUNTRY?	
₩	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If you,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 XNO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE	Ä,
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during ise retired.)		Account			
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Joseph Ernest Ti	nley	Doortie	oper.		AME (First, Middle, Meiden in Marker T	Sumama)	1100	
TO B	19a, INFORMANT'S NAME (Type/Print) Howard W. Tinley					idge, Md.		cle)	
	20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rs. 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE etery, cremetory pro Stephe	of Disposition of Dis	Name of etery	6-14-94	Delman		
	21. SIGNATURE OF PUREBAL SERVICE LI	Short		Short P.O.	Box 204	Home, Inc Delmar, De	. 19940		
	IMMEDIATE CAUSE (Final	List only one cause on ea	nch iina.					Interval Batwe Onset and Dat	
ERTIFICATION	Sequentially list conditiona, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daath) LAST	b. OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE O		dia +	respective	+odst	kurlik	
MEDICAL CI	PART II. Other significant condition	ns contributing to death b	ut not resulting	In the underly	ing cause given in	Part i. 24a. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
YSICIAN: MEDICAL CE	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\subseteq \text{ NO} \)	CONTRIBUTE TO HOSPITAL: 1 Inputlent 2 ER/Outp		26. OTHER:	PLACE OF DEATH (C				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, factory, of	fics	26f. LOCATION (Street City or Town, State,		Bural Route Number,	
COMPL	1 1	SICIAN: To the best of my knowless. On the basis of sxemination						suse(s) end menner se stated.	
O BE (29b. SIGNATURE AND THE OF CERTIFIE	P. Carpul.	an O		29c. LICENSE NU	177		GNED (Month, Day, Year)	

Luite 12 Medical Center

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SPITAL OR ATTENDING PHYSICIAN: The law requires that the INFRAL DIRECTOR: After this certificate has been signed by the Ini 72 hours after death with the State Dept. of Health and NT: if item 28 is marked, or item 23 shows any Ini-	and a manufacture of the investor of the inves	ary, or other traumatic event, the medical examiner must be notified at once	lental Hygiene prior to burial, cremation, or removal.	e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending phys	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burit, commonly or removal. IMPORTANT: If them 28 is marked, on item 23 shows any injury, or other traumatic event. The medical examiner must be notified at once		dical exam	emoval.	by the funer	s after death.	
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with INERAL DIRECTOR: After this certificate has been signed by the attending physician and complete hin 72 hours after cleath with the State Dept. or Health and Mental Hyghere prior to burnal, cerent NIT: if item 28 is marked, or item 23 shows any injury, or other traumatic event.		the mer	ration, or r	ely filled in	in - noun	
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ew INERAL DIRECTOR: After this certificate has been signed by the attending physician arithin? I be outs after death with the State bept of Health and Mental Physiene prior to INT: if item 28 is marked, or item 23 shows any interv. or other traums		rtic event	burial, crem	nd complete	scuted with	
SPFIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending to thin 72 hours after death with the State Dopt, of Health and Mertial Hyghen NI: If Item 28 is marked, or Item 23 shows any Inlury, or oth		er trauma	e prior to t	physician ar	cate be exe	
SPITAL OR ATTENDING PHYSICIAN: The law requires that the d INERAL DIRECTOR: After this certificate has been signed by the lin 72 hours after death with the State Dept. of Health and Me NT: if item 28 is marked, or item 23 shows any injur	30 00	v. or oth	ntal Hygien	attending p	leath certifi	
SPITAL OR ATTENDING PHYSICIAN: The law requires INNFAL DIRECTOR: After this certificate has been sign thin 72 hours after death with the State Dept. of HaNT: If item 28 is marked, or item 23 shows.	ment from	any injur	Ith and Me	ned by the	that the d	
SPITAL OR ATTENDING PHYSICIAN: The INNERAL DIRECTOR: After this certificate hathin 72 hours after death with the State DON: If item 28 is marked, or item 2		3 shows	ept. of Hea	s been sign	aw requires	
Sprtal or attending physic Ineral Director: After this co thin 72 hours after death with t NT: If IIAm 28 is marked.		or item 2	he State D	ertificate ha	CIAN: The I	
SPITAL OR ATTEND INERAL DIRECTOR: / thin 72 hours after of NT: if item 28 is		marked.	leath with t	After this ce	ING PHYSIC	
SPITAL OF INFRAL DISTRIBUTION OF THE SERVICE OF THE	-	m 28 is	us after (RECTOR: /	ATTEND	
NE THIN		if its	72 hou	RAL DII	TAL OF	
TO THE HU TO THE FU De filed wil	IMI CITETION	IMPORTANT	be filed within	THE FUNE	THE HOSP!	

	1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND I	MENTAL HYGIENI REG. NO.	E		
	DECEDENT'S NAME (First, Middle, Last)		ELI ZABET	H BRI	DDELL	2. DATE OF DEATH	, 19	94 ^R 3	12:40 P. M
	4. SOCIAL SECURITY NUMBER 212–18–6788	1□ M 2 💢 F 74	(In yrs. last birthday) YRS.	MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH	919	BÉRL"	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give BAY STREET RESIDENCE OF DECEDENT	TERRACE, AP	T. #2	96. CITY, TOW BERL	N OR LOCATION OF DE	АТН		ORCES	
DIRECTOR		ORCESTER		LIN	CATION				od, INSIDE CITY LIMITS?
FUNERAL		TERRACE, APT			101. ZIP CODE 21811		US	A	AT COUNTRY?
BY	11 MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify		or No-	Black, \	- American Indian, White, etc. BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	life. Do NOT use	ork done during a retired.)	TION most of working	16b. KIND OF BUS			CIDE HOME)
	8th 17. FATHER'S NAME (First, Middle, Last)	UNKNOWN	DOMESTIC		18. MOTHER'S NA	ME (First, Middle, Maiden : BERTHA E	Sumame)		SIDE HOME)
TO BE	19a. INFORMANT'S NAME (Type/Print) NORMAN BRIDDELL					RLIN, MD.	, State, Zip (Code)	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State Ce	b. PLACE AND DATE O metery, crometous of all EVERG	REEN		BEI	RLIN,), Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	B. Crel	ley	121		ROAD, SALIS		•	21801
	23. PART I. Enter the diseasea, or abock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Me fees	eech line.	-1	node of dying, auci		ratory arre	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF						
ICIAN: MEDICAL	PART II. Other eignificant condition	ns contributing to deeth	but not resulting li	n the underly	ing cause givan in	Part I. 24a. WAS AN PERFOR	MEO?	O O	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN: N	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF			- 424			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 RO	HOSPITAL:	Ipatient 3 DOA	OTHER:	PLACE OF DEATH (Che				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	ILINI	JRY M 1	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCI	VRED	
	3 Suicide 8 Could not ba 4 Homicide detarmined	assisting, etc. (spe	ecify)			28t. LOCATION (Street a City or Town, State)			ite Number,
COMPLET		SICIAN: To the beat of my know							nd manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	/_	· m.		29c. LICENSE NUN		29d. DATE	SIGNED (N	fonth, Day, Year)
	30. NAME (MID ADDRESS OF PERSON WI Day 5 E, May 31. DATE FILED (Month, Day, Year)	rtin m.o.	145		~11 54.	,5-1:360	~7,	me	2.
	JUN 1 0 1994	32 REGISTRAR'S, SIG	x-hardall						

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

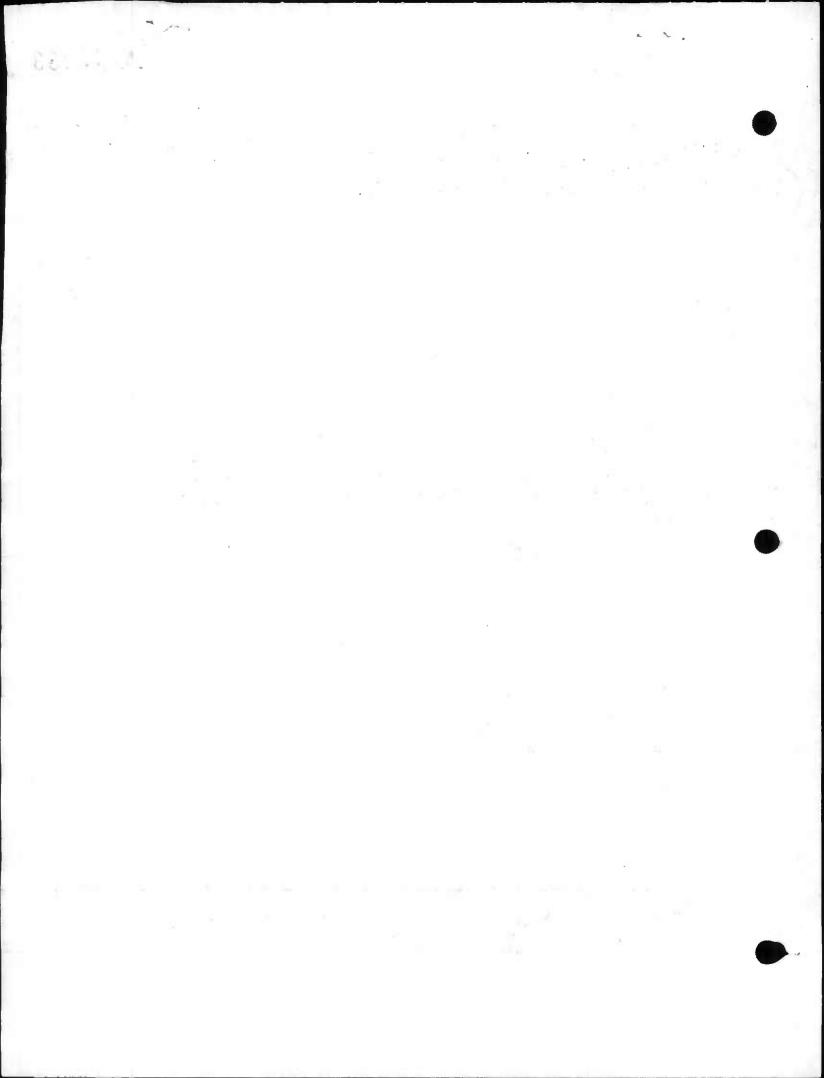
	REGISTRAR		CERTIF	ICATE (F DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF S	DAY	YE	3. TIME OF DEAT	гн
	AGNES	CECILI			INCH	JUNG	4,	1924	2202	
		SEX 8. AGE	(In yrs. lest birthdey)	IF UNDER 1 YE		7. DATE OF E (Month, De	y, Year)		BIRTHPLACE (State or Fo	reign
	215-44-6235 1 E		82 YRS.						ARYLAND	
œ	PENINSULA REGIONA	*	CENTED	SALIS	N OR LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	L MEDICAL	CENTER	SALI	DOUKI			WIC	JMICO	
E C	10e, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY	,
5	MARYLAND DORCHE	STER	SECF	RETARY					1 X YES 2	NO
A	10e, STREET AND NUMBER				10f. ZIP CODE		$\overline{}$	10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	103 MAIN STREET				2166	54		Ţ	JSA	
5		WAS DECEDENT EVER II FORCES? 1 YES			DECENDENT OF HISPAN , specify Cuban, Mexican			r No- 14.	RACE — American Indi Black, White, atc.	an,
BY		IF YES, GIVE WAR OR D			YES 2 XNO Specify		i, att.,		Specify: WHITE	
G	15, DECEDENT'S EDUCATIO (Specify only highest grade comp		18a. DECEDENT'S		ATION most of working	16b. KIN	D OF BUSIN	NESS/INDUST		
	The state of the s	flege (1-4 or 5 +)	life. Do NOT us	e retired.)	most of working					
COMPLETED	/		POSTMAS	TER				L SER	VICE	
	17. FATHER'S NAME (First, Middle, Last) JOSEPH WANEX				18. MOTHER'S NAI	ME (First, Middle) INETTI			r	
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAII INC	ADDRESS (C)	eet and Number or Rural F					
임	PAUL T. BIRCH				117, SECR					
	20s. METHOD OF DISPOSITION	200	PLACE AND DATE		_	DATE			or Town, Stata	
	1 Donation 5 Other (Specify)				COUNSEL	6/8		ETARY		
	21. SIGNATURE OF TUNERAL SERVICE LICENSE	W)	11		E AND ADDRESS OF FAC		D	0 701	2.07	
	Stonard h	Foll	lu		ER FUNERAI MAIN STREE	-				1631
	21 PART Enter the diseases, or comp	lications that couse	d the death. Do r	ot enter the	mode of dying, suci	n aa cardiec	or respira	tory arrest	Approxim	ate
	ahock, or heart fellure. List iMMEDIATE CAUSE (Finei	only one cause on e	ach line.						Onset and	
	disease or condition resulting in death)	Sensis							100	1/2
		TO OR AS	CONSEQUENCE OF	F):					100	7 -
O	Sequentially list conditione,	DUE TO (OR AS	CONSEQUENCE OF	F).					1w	12
AT	if any, leading to immediate cause. Enter UNDERLYING				= dual				1111	6
Ĕ	CAUSE (Disease or injury that initiated evente	DUI TO (OR AS A	CONSEQUENCE OF	T):	cucar	num				-
CERTIFICATION	resulting in death) LAST	Par for as a Commission	in ted	FRAC	ture R	+ 11,	um		132	aus
LC	PART ii. Other significent conditions co						, WAS AN AL	UTOPSY	24b. WERE AUTOPSY F	INDINGS
EDICAL						11-	PERFORM	ED?	AVAILABLE PRIOR COMPLETION OF	TO
밀						_ ''	YES 2	7510	DF DEATH?	MO
PHYSICIAN: M						_			1 0 123 2 0	110
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DEATH (Che	ock only one)				
SIC	The state of the s	SPITAL: Inpatient 2 - ER/Outp	petient 3 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	8 Other (Sp	ecity)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c	INJURY AT WORK?	28d. DESCRI	BE HOW INJ	URY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation	May 2Z,	'94		YES 2 NO	Moto	or V	ehiel	e accid	ent
	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory,	offica	281. LOCATIO City or To	N (Street and wn, State)	d Number or F	Rural Route Number,	
	4 Homicide detarmined					17.00				
립	29a. CERTIFIER (Check only one)									
COMPLETED	2 MEDICAL EXAMINER: Or	the basis of axaminstic	n and/or investigation	n, in my opinic	n, death occured at the	time, data and	placa, and	due to the co	suse(s) and manner as s	itated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	, ,	A	100	29c. LICENSE NUN	F 4	0 1	29d. DATE SI	GMED (Manth, Day, Year)	
၉	30, NAME AND ADDRESS OF PERSON WHO	MPLETED CAUSE OF DE	Medico	Print	n D0	800	8	- 6	14 194	
	THOMAS C. Hi	11JR			FFRd, S	ALISA	URU	1 . m.	7 21801	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
-4	JUN 1 5 1994	Amora animorte	N. P. WOODA							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit perfect be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CATE OF D		REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)	B	o.Hs	-	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
		(In yrs. last birthday) 76 yrs.		F UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Bay Year) 20	0. BIRTI	HPLACE (State or Foreign
	214-10-16/9 1 1 M 2 F 9a. FACILITY NAME (if not institution, give street and number)	/O YRS.	9b. CITY, TOWN OR I				
TOR	Frederick Memorial Hospital		Frederi			Freder:	ick
FUNERAL DIRECTOR	Maryland 10b. COUNTY Frederick	Fre	, TOWN OR LOCATION derick				10d INSIDE CITY LIMITS? 1 X YES 2 NO
NERAL	307 Thomas Avenue		2	1701		U.S.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1. YES	2 NO	If yes, specif	Cuben, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	Blec	E — American Indian, k, White, etc. White
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S I (Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of	f working	16b. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Mechan	ic		US Gov	vernment	
BE CO	17. FATHER'S NAME (First, Middle, Last) George Washington BETTS			Edith N	(First, Middle, Meiden :	2	
5	Mrs. Eva V. Betts	307 T	homas Ave	nue, Fre	ederick, N	, State, Zip Code) Maryland	21701
		b. PLACE AND DATE O			16, 1994 F	rederick,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00255	Keeney		sford P.A.		1 Home Md. 21701
	23. PART i. Enter the diseases, or complications that couse shock, or heart fellure. List only one cause on	ed the deeth. Do no	ot enter the mode	of dyling, auch i	aa cardiec or reapli	retory errest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	15					Onset end Deeth
NO	Sequentially list conditions The RIGHT	A CONSEQUENCE OF	- 10b	e pro	oymoni	9	
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):				
TIE	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	A CONSEQUENCE OF);				
CEH	C.						
DICAL	PART II. Other significant conditions contributing to deeth Chronic uringry from		-		ert i. 24a. WAS AN PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDI		Syndra		75	_ 1 YES 2	□ NO	OF DEATH?
PHYSICIAN: MEI		71111					1 1 123 2 1 10
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		OTHER:	E OF DEATH (Check			
ЭНХ	1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day Year)	28b. TIME		AT 2	Other (Specify)	JURY OCCURED	
BY	Natural 5 Pending 2 Accident Investigation		M 1 TYES	2 🗌 NO			
COMPLETED	3 Suicide a Could not be determined 28e. PLACE OF INJUR building, etc. (Sp.	ecify)	treet, factory, office	2	ter. LOCATION (Street a City or Town, Stete)	nd Number or Aural	Route Number,
MP	29e. CERTIFIER (Check only) The state of the best of my known and the state of the best of my known and the state of the						
00	2 MEDICAL EXAMINER: On the beefs of examineth	on end/or investigation		occured at the tin			The state of the s
BE	Wy what	and		7) 35	783	► 6/15	(Month; Day, Year)
04	36, MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print) w 97	7 54	Fred	brick	MI
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE RANGELL	(
	TUNI D DOT		1				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit per	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TEMT. Hitem 22 is marked as them 22 shaws any injury as other fraumatic event the medical asseminar must be excited at seen
HOSPI	FUNER	within	TAME

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30. NAME AND ADD

31. DATE FILED (Month, Day, Year)

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1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 19, Mar 1994 2:35 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fornia) March 4, 216-22-9775 1 M 2XX 99 YRS. Maryland 1895 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital DIRECTOR Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Brunswick YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11 East B Street 21716 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TES 2XXND Specify: BY 3XXWidowed 4 Divorced Specify White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John SCALLY Mary Rose HASKELL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Mrs. Frances M. Lamm 1607 Jennings Court, Frederick, Maryland 21702 200 METHOD OF DISPOSITION
1.03 Buriel 2 Cremetion 3 Removel from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE "Sty." Pauls" Cenetery June 22, 1994 Point of Rocks, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home MO0255 106 East Church St., Frederick, Md. 21701 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory errest, Approximeta shock, or heart feilure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition_ SEPSIS resulting in death) DUE TO OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? 1 TYES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 VES 2 ND Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28b. TIME DF 28c. INJURY AT WORK? 28s. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 ND BY Investigation Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🗌 COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: # item 3 29s. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and meni 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 23 2

NESS OF PERSON WHO COMPLETED CAUSE OF DEATH) (ITEM 27) (Type, Print)

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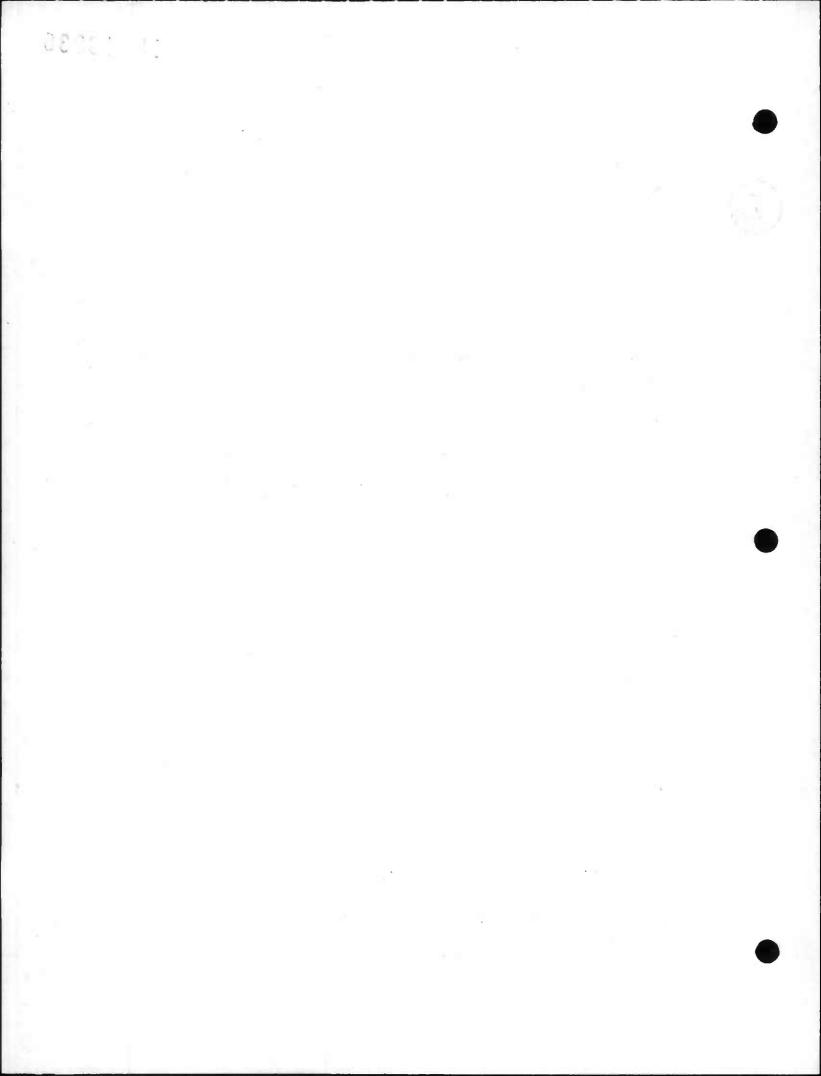
32. REGISTRAN'S SIGNATURE ROBLES

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8		perhit	-4
5-0020	inding physician.	as the burial-transit	The state of the s
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or atte	y filled in by the funeral director, page 5 should be detached for use a sition, or removal.	the medical examiner must be notitled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician;	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriak-transf, permit has been signed by the attendance prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOSPIT	TO THE FUNERA	IMPORTANT:

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- STATE REGISTRAR	OINIE OF MAIL		FICATE OF		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		3. TIME OF DEATH
Marine	Sylvester	Boulier			June 17		7:45 PM
4. SOCIAL SECURITY NUMBER					7. DATE OF BIRTH	0. BIRT	HPLACE (State or Foreign
505-05-8344 9s. FACILITY NAME (If not institution, give	1 M 2 F	76 YRS.			Oct/19/19	17 Neb	raska
372 Wye Court						Anne Ar	
	ΙΤΥ	10c, C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY
Florida Escar	mbia	Per	nsacola				1 YES 2 NO
10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
	ve		3	2401		USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If yes, sp	ecify Cuban, Mexican,	C ORIGIN? (Specify Yea , Puarto Rican, etc.)	Blac	E - American Indian, ck, White, etc.
15. DECEDENT'S ED	DUCATION	16a, DECEDENT	'S USUAL OCCUPATI	ON	16h KIND OF BUS		
(Specify only highest gra	de completed)	(Give kind o	f work done during me	ost of working	IOU. KIND OF BOS	SINESS/INDUSTRE	
12	0011090 (14 0) 04)	Chief I	Ingineer		U.S. Me	rchant M	arine
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
George Boulier				Effie My	vers		
19a. INFORMANT'S NAME (Type/Print)						,,	
		33 C:	ity Gate	Lane Ann	apolis Ma	ryland 2	1401
1 ☐ Burial 2 X Cremation 3 ☐ Re		cemetery, cremetory or	other place)		1		
		Metropol	itan Cre	natory		exandria	VA
► Melanier	Wilhelmi	Wagne	Adven	t Memoria	l Service		
23. PART I. Enter the diseases, or	complications that cau	sed the deeth. Do	not enter the mo	de of dving, such	as cerdiec or reeni	ratory arrest	Approximate
anock, or mater lands	i. Livi Olliv Olla Cause Ol			, , , , , , , , , , , , , , , , , , , ,		ratory arrest,	
IMMEDIATE CAUSE (Final	///	n aach nna.				ratory arrest,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)		SPITORY A	ARREST/FA			ratory arrest,	Interval Between Onset and Death
diseese or condition	a, COMA RE	SPITORY A				ratory arrest,	Interval Between
diseese or condition	a. COMA REDUE TO (OR A	SPITORY AS A CONSEQUENCE	OF):			actory arrest,	Interval Between Onset and Death
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. COMA REDUE TO (OR A	SPITORY A	OF):			and y arreet,	Interval Between Onset and Death HOURS
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	505-05-8344 9a. FACILITY NAME (If not institution, give 372 Wye Court RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Florida Escal 10a. STREET AND NUMBER 4270 Danamar Driv 11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EC. (Specify only highest grace Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) George Boulier 19a. INFORMANT'S NAME (Type/Print) Patricia Feeney 20a. METHOD OF DISPOSITION 1 Burlel 2 M Cremation 3 Red Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1	4. SOCIAL SECURITY NUMBER 5. SEX 5. 05-05-8344 9a. FACILITY NAME (If not institution, give street and number) 372 Wye Court RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Florida Escambia 10c. STREET AND NUMBER 4270 Danamar Drive 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) George Boulier 19a. INFORMANT'S NAME (Type/Print) Patricia Feeney 20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4. SOCIAL SECURITY NUMBER 5. SEX 1. M 2 F 76 YRS. 505-05-8344 9a. FACILITY NAME (It not institution, give street and number) 372 Wye Court RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Florida Escambia 1c. STREET AND NUMBER 4270 Danamar Drive 11. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1. YES 2 NO 1. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1. YES, GIVE WAR OR DATES 1. Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12 Chief 13 Cremetery, remetery, cremetery, or semetery, cremetery, cre	4. SOCIAL SECURITY NUMBER 5. SEX 505-05-8344 1	4. SOCIAL SECURITY NUMBER 5. SEX 1	4. SOCIAL SECURITY NUMBER 5. SEX 1	4. SOCIAL SECURITY NUMBER 5. SEX 1



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funeral	ar death with the State Dept. of Heafth and Mental Hygiene prior to burial, cremation, or removal.	
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31. DATE FIXED (Month, Day, Year)

JUN 20 1994

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	JOAIL OI	DEATH	2. DATE OF DEATH		- 1	. TIME OF OEA	Tu		
	John	Thurlow	Bisa	200	Jr.	MONTH DA		YEAR		*		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER I YEAR		June 15	199		5:35 ACE (State or Fi	Рм		
	215-30-8789 9s. FACILITY NAME (If not institution, give:	1 M 2 F	59 YRS.	MONTHS DAYS	OR LOCATION OF D	(Month, Day, Year) Jan/2/193!		Country)	and	or orgin		
TOR	527A Donaldson A			Severn	OR LOCATION OF D	EATH	Anne					
DIRECTOR	10e. STATE 10b. COUNT			y, town on Loc Zern	ATION		10d. H			Y NO		
ERAL	100. STREET AND NUMBER 527A Donaldson A	venue		1	01. ZIP COOE 21144		109. CITIZEN OF WHAT COUNTRY USA					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, t	CENDENT OF HISPA specify Cuben, Mexic S 2 XNO Speci	en, Puerto Rican, atc.)	ORIGIN? (Specify Yee or No— 14. RACE — As Black, White Specify: Will					
	15. DECEOENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	TON	16b. KIND OF BUS	SINESS/INDU	STRY				
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind of a life. Do NOT us		nost of working	Health (
٥	17. FATHER'S NAME (First, Middle, Last)		Taineci		T de MOTUEDIO NU	AME (First, Middle, Maiden						
	John Thurlow Bis	on Sr			Ruth B		Sumame)					
H H	19s. INFORMANT'S NAME (Type/Print)	iop, sr.										
2	Diane Fischer					Route Number, City or Town Vern MD 211		(ode)				
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata Cen	PLACE AND DATE Detery, cremetory or o Len Haver	ther piecel		6/18 Gler	cation – ci					
	21. SIGNATURE OF FUNERAL SERVICE LI	Uholm O	Vacoher	Adver		al Services Suite A21(s, Inc	·		2140		
	23. PART I. Enter the diseases, or	complications that cause	the death. Do r	ot antar tha m	ode of dying, suc	ch as cardiac or reapi	ratory arre	st,	Approxim			
	iMMEDIATE CAUSE (Final	List Dnly Dna causa Dn e							Interval B Onset and			
	disease or condition	(Luna Cancer me						J Onsat am	u vaetii		
	resulting in death)	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):									
,		To	To Brain									
	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS /	CONSEQUENCE O	F):								
5		d							+			
EDICAL	PART II. Other algnificant condition	ns contributing to death b	out not reaulting	in tha underlyi	ng cause given in	PERFOR		C	TERE AUTOPSY F WAILABLE PRIOR OMPLETION OF F DEATH?	TO		
M						-		1	YES 2	NO		
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL			24	BI ACE OF DEATH (O)			1				
2	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/							
	27. MANNER OF DEATH	1 Inputiont 2 ER/Out	28b, TiM	4 Nursing Ho		6 Other (Specify)						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spe-	- At home, ferm,	streat, fectory, off	lce	26f. LOCATION (Street a City or Town, State)	and Number of	r Rural Rou	ite Number,			
- 1	29a. CERTIFIER											
COMPLE	(Check only	ICIAN: To the best of my know ER: On the basis of examination							nd manner ee s	stated.		
2	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				fonth, Day, Year)			
	mark	Sorbet	7 6	20		938	▶ €	5//	6/83	4		

95 Aquahart Rd. Glen Burnie 4001061

		1 - STATE OF I	MARYLAND /	DEPAR	TMENT OF	HEALTH AND	MENTAL HYGI		-94	12:12AM
		1. DECEDENT'S NAME (First, Middle, Lest) Francis	Charles	Bol	and		2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. Ia:	(Un)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	5 94		CE (State or Foreign
***		203 01 0875 IMAZOF	72	YRS.	MONTHS DAYS		(Month) Day, Year	2/ 1	Michi	gan
2, 3 should	_	9s. FACILITY NAME (If not institution, give street and number)				OR LOCATION OF D			Y OF DEATH	
- N	TOT:	Anne Arundel Medical Cen	ter		Annap	olis		Anne	Arun	del
7	DIRECTOR	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC				100	I. INSIDE CITY LIMITS?
4)		MD Anne Arundel 100. STREET AND NUMBER			Annapo	lis				YES 2X NO
~	FUNERAL	953 Mastline Drive				21401			USA	COUNTRY?
physician. burial-tran	FÜN	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. AF			ECENDENT OF HISPAI				American Indian,
ending ph as the bu	ВУ	1 Never Married 2 Married FORCES? 1 3 Widowed 4 Divorced WWI				ES 2 🖰 NO Specif			0-7-4	USA
Se all	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	live kind of a	USUAL OCCUPA		18b. KIND OF	BUSINESS/INDUS	STRY	
. 0	PLE	Elementary/Secondary (0-12) College (1-4 or 5 - 5 plus	+)	ngine			Ar	chitect	uro	
the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)		-8-110		16. MOTHER'S NA	AME (First, Middle, Main		11.0	
के देव	BE (Charles A. Boland					ude M. M			
retained to 5 should notified	욘	Jeanne P. Boland				brive An				
age 6 may be director, page er must be		20s_METHOD OF DISPOSITION 1/ABurisl 2 Cremation 3 Removal from State	20h PLACE	AND DATE (OF DISPOSITION /	Name of	DATE 200	LOCATION - CH	lu es Town	State
Page 6 ma director, p		4 Donation 5 Other (Specify)	Gate	of H	eaven C	emetery 6	18/94 S	ilver S	pring	, MD
death. Pag funeral di f. examiner		21. SHIPPER LINES E			22. NAME	AND ADDRESS OF FA	CILITYJohn M	Taylo	r Fun	eral Home
		23. PART I. Enter the diseases, or complications the	t caused the de	aeth Do r		Duke of G			_	
POE		enock, or neert tellure. List only one cat	ise on each line	B.	0			epiratory arres	τ,	Approximata interval Between Onset and Deeth
		disease or condition resulting in deeth)	10000	die	In	forche	J			
completely rial, cremat		DUE TO	OW AS A CONSE	OUENCE OF	F):					
e be executed sician and com prior to burial, traumatic ex	RTIFICATION	Sequentially liet conditions, if any, leading to immediate	OF AS A CONSE	OUENCE OF	9 1 3 F):					
ficate be physician ne prior t	-ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	co hate	OUENCE O	yn de	gray				
certification of the Hygier	H	that initiated events resulting in deeth) LAST	(OII AS A CONSE	OUENCE OF	·				j	
the atte	E G	PART ii. Other significent conditions contributing to	death but not	resulting	n the underly	ng ceuse given in	Part i 24e WAS	AN AUTOPSY	Zah WE	RE AUTOPSY FINDINGS
K 5 0 5	MEDICAL			80			PER	ORMED?	AWA	ILABLE PRIOR TO MPLETION OF CAUSE
requires the been signed t. of Health a	MEC									DEATH? YES 2 NO
has Depr	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch				
SICIAN: The certificate he the State I	SICI	EXAMINER? 1 YES 2 NO 1 topetient 2	ER/Outpetient 3	□ DOA	OTHER:	ome 5 Residence				
NG PHYSICIA tter this certification with the marked, or	PH	27. MANNER OF DEATH 28s. DATE OF (Month, D	INJURY lay, Year)	28b. TIM INJ	URY Y	NJURY AT YORK?	28d. DESCRIBE HO	W INJURY OCCU	RED	
NDING F I: After t r death	ВУ	2 Accident Investigation 3 Suicide 2 Could be 26s. PLACE O	F INJURY — At he	ome, term, s		YES 2 NO	28t, LOCATION (Stre	et and Number or	Runi Boute	Number
TTE CTO F	TED	Suicide B Could not be determined	atc. (Specify)				City or Town, St	ate)	10.01	110.110.01
TAL OR A AL DIREC 72 hours If item	COMPLET	29e. CERTIFIER (Check one) 1 OERTIFYING PHYSICIAN: To the best of one)								
	CON	2 MEDICAL EXAMINER: On the basis of a	xamination and/or	Investigatio	n, in my opinion,	death occured at the	time, data and placs	and dus to the	tsuse(s) sno	d manner as stated,
로 보를 통	BE	MALLA A CERTIFIER	6. 6			29c. LICENSE NUI	MBER	29d. DATE S	HGNED (Mo	nth, Day, Year)
2638	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	SE OF DEATH (ITE	— (). М 27) (Туре,	Print)	11/260	2/4	1 0	17-	5 /~
		STEVEN Fuller 900	BESTE A	12 V	24.5	o E sten	a frez	and lis	My	21401
		31. DATE FILED (Month, Day, Year) 32. REGISTRA	R'S SIGNATURE		/			/	,	
'		JUN 1 6 1994 Julia	Awales La	Well						DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proce 6
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30. NAME AND ADDRESS OF PERSON

RE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

10a. STATE

1. DECEDENT'S NAME (First, Middle, Last)

Sa. FACILITY NAME (If not institution, give street and number)

106. COUNTY

5. SEX

1 W 2 F

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

(A)Burlal 2 Cremetion 3 R Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE Javy J 3. PART I. Enter the diseases, of	IF YES, GIVE WAR OR DATION add completed) College (1-4 or 5+) Butter amoval from State LICENSEE ANN LICENSEE	69. DECEDENT'S USI (Give kind of work life, Do NOT use re 196. MAILING AD 200 SOL LACE AND DATE OF D BRY, Crempton or other A POLIS ME	DRESS (Street and Number or REDITION (Name of REESE & SON	NAME (First, Middle ANNAPOI DATE NS 6/13/	pecify Yes or No— 1. n, etc.) ID OF BUSINESS/INDUS ie, Maiden Surname) Dity or Town, State, Zip C. IS, MD. 2	Black, White, etc. Specify STRY 11401 ty or Town, State										
Never Merried 2 Married Widowed 4 Divorced 15. DECEDENT'S E (Specify only highest or Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Last) INFORMANT'S NAME (Type/Print) JOHN BRYAN A. METHOD OF DISPOSITION (A)Burlal 2 Cremation 3 R Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE JAVAN 3. PART I. Enter the diseases, of	FORCES? 1 VES IF YES, GIVE WAR OR DATI DUCATION ade completed) College (1-4 or 5+) Emovel from State LICENSEE ANN LICENSEE	69. DECEDENT'S USI (Give kind of work life, Do NOT use re 196. MAILING AD 200 SOL LACE AND DATE OF D BRY, Crempton or other A POLIS ME	UAL OCCUPATION I done during most of working kilred.) 18. MOTHER'S DRESS (Street and Number or REUTHVILLA AVE. DISPOSITION (Name of EMORIAL GARDE 22. NAME AND ADDRESS OF REESE & SON	NAME (First, Middle ANNAPOI DATE NS 6/13/	in, etc.) ID OF BUSINESS/INDUS In, Maiden Surname) And Maiden Surname) City or Town, State, Zip Calls, MD. 2 20c. LOCATION — CH	STRY STRY STRY Stry										
(Specify only highest or Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Lest) a. INFORMANT'S NAME (Type/Print) JOHN BRYAN DO. METHOD OF DISPOSITION (Neurisal 2 Cremetton 3 R Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE	emoval from State LICENSEE ANN LICENSEE Complications that caused to	(Give kind of work life, Do, NOT use ne 196, MAILING AD 200 SOL LACE AND DATE OF DRY, Cremptor or other APOLIS ME	DRESS (Street and Number or REDITION (Name of REESE & SON	NAME (First, Midd ANNAPOI DATE NS 6/13/	ce, Maiden Surname) Ony or Town, State, Zip Co. LIS, MD. 2	Scode) 1401 ty or Town, State										
a. INFORMANT'S NAME (Type/Print) JOHN BRYAN JOHN BRYAN JOHN BRYAN JOHN STORMAND STORMAND BONSTHOD OF DISPOSITION DONSTHOD SIGNATURE OF FUNERAL SERVICE JOHN STORMAND 3. PART I. Enter the diseases, of	LICENSEE ANN LICENSEE Cor complications that caused to	196. MAILING AD 200 SOU LACE AND DATE OF DEPTH COMMENTS OF THE PROCESSION OF THE PROCESSION OF THE PRO	DRESS (Street and Number or Re UTHVILLA AVE. DISPOSITION (Name of EMORIAL GARDE 22. NAME AND ADDRESS OF REESE & SON	ANNAPOI DATE NS 6/13/	City or Town, State, Zip C LIS, MD. 2	1401 ty or Town, State										
JOHN BRYAN Do. METHOD OF DISPOSITION (A) Burlai 2 Cremation 3 R Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE Javy J 3. PART I. Enter the diseases, of	LICENSEE ANN LICENSEE Cor complications that caused to	200 SOL	DESCRIPTION (Name of EMORIAL GARDE 22. NAME AND ADDRESS OF REESE & SON	DATE NS 6/13/	IS, MD. 2	1401 ty or Town, State										
(A)Burlal 2 Cremetion 3 R Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE Javy J 3. PART I. Enter the diseases, of	LICENSEE ANN LICENSEE Cor complications that caused to	APOLIS ME	EMORIAL GARDE 22. NAME AND ADDRESS OF REESE & SON	NS 6/13/												
Jarry J. 3. PART I. Enter the discesses, of	Resser complications that coused t		REESE & SON	FACILITY	Commetten 3 Removal from State Commetten C											
3. PART I. Enter the discesses, cahock, or heart fellui	or complications that caused t		REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury)																
that initiated events resulting in death) LAST d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? AMILIBLE PRIOR T																
Alaker C Ar	men's Do	eess_	-		YES 2 NO	COMPLETION OF CA OF DEATH? 1 YES 2 N										
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 7	O	26. PLACE OF DEATH	(Check only one)												
1 YES 2 NO MANNER OF DEATH Natural 5 Pending Investigation	1 Inpetient 2 SER/Outpett 26a. DATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 [□ Nursing Home 5 □ Rasiden F 28c, INJURY AT			RED										
2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or R																
o Could not																
	MANNER OF ÖEATH Meturel 5 Pending Investigation	MANNER OF DEATH Maturel S Pending Pen	MANNER OF DEATH Matural 5	MANNER OF DEATH Matural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 1 YES 2 NO	MANNER OF DEATH Manual S Pending Investigation	MANNER OF DEATH Manner OF DEATH 26a. DATE OF INJURY (Month, Dey, Year) 26b. TIME OF INJURY AT WORK? 26c.										

WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type, Print)

Studyor Rardell

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MAAPOLIS

6. AGE (In yrs. lest birthday)

9c. COUNTY OF DEATH

AA.

3. TIME OF DEATH 1325

10d. INSIDE CITY MITS?

Approximeta intervai Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

BIRTHPLACE (State or Foreign Country)

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

07

DHMH-16 Rev 1/89

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	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	=
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JUN 1

	FOR 1 - STATE REGISTRAR		STATE OF N			ITMENT ICATE				MENTAL HYGIE REG. NO				
	1. DECEDENT'S NAME (First, Mary El	, Middle, Last) izabet	h Bo	wie			-			June 15	DAY 199	4 4 YEAR	3. TIME OF DE 9:11	A M
	4. SOCIAL SECURITY NUMBER 579-48-36		5. SEX 1 M 2 F	8. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	DATE OF BIRTH		HPLACE (Stote or try) Yland	Foreign
OR	90. FACILITY NAME (If not It Physician	s Memo		ospita:	1		rown o	R LOCATIO			9c. COL	erle	DEATH	
рінесто́й	RESIDENCE OF DEC 100. STATE Maryland	106. COUNTY	00			Y, TOWN C		ION					10d. INSIDE CI LIMITS? 1 YES 2X	
	10e. STREET AND NUMBER				1	EIC	_	ZIP CODI		_			WHAT COUNTRY	
FUNERAL	Oakland I	- i		Land Ro		13.	WAS OEC	206	F HISPAN	IIC ORIGIN? (Specify Y		S.A	CE — American In	ndien,
B	1 Never Merried 2 3 Widowed 4 Divo	Mettreu	FORCES? 1	YES 2 N	ю		If yes, spo 1 YES	5X XNO	Specify	n, Puerto Ricen, atc.)		Spe		e
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Federal Worker 10. S. Goverment 10. Mother's NAME (First, Middle, Last) 11. FATHER'S NAME (First, Middle, Last) 12 13. MOTHER'S NAME (First, Middle, Maiden Surname)														
MPL	12			Fed	lera	.1 Wo	orke		HER'S NA	U.S.		erm	ent	
BE CC	Joseph	n Emor	y Bowi					Edi	th l	Mae Madd	lox			
5	Judith		t		345					ne ,Welc	ome,	Md.		}
	20e. METHOD OF DISPOSIT 1X Burlel 2 Crematic 4 Donation 5 Other	on 3 🗆 Remov	ral from State	20b. PLACE Other place Nanje	naal .					tery Na	ocation - in jen			and
	21, SIGNATURE OF FUNERA	AL SERVICE LICE	c. Ek		081	22.	NAME AN	ID ADDRE	SS OF FA					
	23. PART I. Enter the deshock, or he immediate cause (Fidelises or condition resulting in deeth)	esrt fallure. Li	ist only one cau	se on each line		not antar	tha mo	da of dy	ing, euc		piretory s		Approx	
CERTIFICATION	Sequentisliy list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ring ury c.		(OR AS A CONSEC										
PHYSICIAN: MEDICAL C	PART II. Other elgnific	in) C C	1 1	deeth but not i	1 4	in the u	on q	g couse	given in	Part I. 24a. WAS PERF	AN AUTOPS' ORMED?	Y 24	Ib. WERE AUTOPS' AMAILABLE PRI COMPLETION D OF DEATH? 1 YES 2	DR TO DF CAUSE
ICIAN	25. WAS CASE REFERRED TEXAMINER?		HOSPITAL:			OTHE	R:			neck only one)				
		Pending Investigation	28e. DATE Of (Month, i		28b. Til		28c. INJ WC	URY AT PRICE 2		28d. DESCRIBE HOW	V INJURY O	CCURED		
TED BY	2 Accident 3 Suicide 8 Homicide	Could not be determined		OF INJURY — At he, etc. (Specify)	ome, farm,	street, fac	itory, offic	•		281. LOCATION (Stree City or Town, Sta		per or Rura	i Route Number,	
COMPLETED	(Orlock Only									to the ceuse(s) and r			e(s) and menner s	ie stated.
BE	29b. SIGNATORE AND TITLE	IEG (age M	0					33C	MBER DSO	29d, O	6/	15 /9 C	f
5	30. NAME AND ADDRESS O	E PERSON WHO	COMPLETED CAL	ISE OF OFATH (ITE	M 27) /Two	a Print)				111				

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)
PAGE M.D., 6357

32. REGISTRAR'S SIGNATURE
Jalia d'Audion Royall

Maryland

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH n/a

City, MD 21043

Baltimore, MD

and Number or Rural Route Number,

and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 94

3. TIME OF DEATH 2200

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, Whita, etc.

specify: white

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

Interval Betwe **Onset end Death**

2. DATE OF DEATH MONTH

7. DATE OF BIFTH 01-25-1897

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Sa. FACILITY NAME (If not institution, give street and number)

BHAMMA

4. SOCIAL SECURITY NUMBER

220-54-6678

OR	St. Agnes 1		11		Baltimore						
ECT	RESIDENCE OF DE	10b. COUNT	Υ		10c. CITY, TO	WN OR LOCA	ATION				104 100
DIRECTOR	Maryland	Balti	imore Count	v			atonsvil	1e			
	10e. STREET AND NUMBER			1			Of. ZIP CODE		1	log. CITIZEI	
ER	5743 Edmond	dson Av	zenue				21228		10	US	A
BY FUNERAL	11. MARITAL STATUS 1. Mever Married 2 3 Widowed 4 Div	Married	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 X	MED NO	If yes, s	CENDENT OF HISPA specify Cuben, Maxic S 2 TNO Speci	an, Puarto	N? (Specify Yes or Rican, etc.)		
E		CEDENT'S EDU		16a. DE	CEDENT'S USUA	L OCCUPAT	ION nost of working	168	, KIND OF BUSIN	ESS/INDUS	TRY
COMPLETE	Elementary/Secondary	(0-12)	College (1-4 or 6+)	file.	. Do NOT use retir	ed.)			71.3.		
M	17. FATHER'S NAME (First,	Middle Leath	4		Teach	er					on
_	William		Raugher							mame)	
BE	19a, INFORMANT'S NAME		Baugilez	19	b. MAILING ADD	RESS (Street				State. Zio Co	ode)
10	Mr. James H	R. Baud	her								
	20a. METHOD OF DISPOSI 15 Burlal 2 Cremat 4 Donation 8 Other	ion 3 🗆 Ran	noval from State	20b. PLACE / cemetery, cre Loudo	and date of dis	POSITION (A	ertery	6/18			
	21. SIGNATURE OF FUNER	al SERVICE LI	1. /	MC	00535	Slac		1 Hor			3
IFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDEAL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING Jury	bDUE TO (OR	AS A CONSEC	OUENCE OF):						
MEDICAL CE	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO OF DE										
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	/Outpatient 3		HER:	PLACE OF DEATH (C				
>	27, MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF INJI (Month, Day, Y		28b, TIME OF INJURY	W	JURY AT PORK? YES 2 NO	28d. DE	SCRIBE HOW INJU	URY OCCUP	RED
TED B	9 Devlotes -	Could not be detarmined	28a. PLACE OF IN- building, atc.	JURY — At he (Specify)	ome, farm, street	factory, offi	Ica	26f. LOC City	CATION (Street and or Town, State)	Number or	Rural Route Num
COMPLETED	one)								Education Middle, Maiden Surname Cenner		
BE	29b. SIGNATURE AND TITE	>	en MD	» R	ESIDE	NT	29c. LICENSE NU	IMBER 512		D 16	. 1
5	30. NAME AND AODRESS	OF PERSON WI	HO COMPLETED CAUSE O					,~-		-	7

Jalin Studson Rarbatt

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

ACHES

MARY ADELAIDE BAUGHER

97

8. AGE (In yrs. lest birthday)

saugher

S. SEX

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DHMH-16 Rev t/89

Washington and the

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1 2	1.	D	EC	ED!	A	r's	N.
П	-	_			-		

	1 - STATE REGISTRAR	STATE OF N					DEATH AND	MEN	ITAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) VAUGHAN	Willc	ox	BF	OWN			2. 1	DATE OF DEATH	199	34EAR	3. TIME OF DEATH 2.45 pm	
		SEX	6. AGE (In yrs. le	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS HOURS MIN.		ATE OF BIRTH Month, Day, Year) an 6, 19	27	Country	PLACE (State or Foreign	
FUNERAL DIRECTOR	Saint Joseph Hospi				9b. CITY		R LOCATION OF	DEATH			c. COUNTY OF DEATH Baltimore		
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Inc. CIT	Y, TOWN C	B LOCAT	TON					10d. INSIDE CITY	
5	Maryland Howard				oodb		TON					LIMITS?	
<u> </u>	10e. STREET AND NUMBER			W	ооць.		. ZIP CODE			10a, CIT	IZEN OF W	1 ☐ YES 2 🛣 NO	
E I	17500 Annapolis Roc	k Road					21797	,				States	
5	11. MARITAL STATUS 12	. WAS DECEDEN	T EVER IN U.S. A	RMED			ENDENT OF HISP	ANIC O	RtGIN? (Specify Yee			- American Indian, White, etc.	
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 MAR OR DATES WWII	INO			ecify Cuben, Mex 2 ☑ NO Spe		erto Rican, atc.)		Specif Wh:	y.	
	15. DECEDENT'S EDUCATION (Specify only highest grade control of th		- 6	ECEDENT'S Give kind of	work done i	CCUPATIO	ON st of working		16b. KIND OF BUS	INESS/INI	DUSTRY		
۳	Elementary/Secondary (0-12)	ollege (1-4 or 5 +	-)	b. Do NOT u			-						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	L C	attle	man				Self E		yed		
ಕ	CONTRACTOR OF THE PROPERTY OF								First, Middle, Maiden				
BE	Frank D. Brown 190. INFORMANT'S NAME (Type/Print)			Ob. MAII IMC	ADDRESS	(Church of			arksdale		0.11		
임	Mrs. Paula Brown								Number, City or Town			1707	
- 1	20e. METHOD OF DISPOSITION		20b. PLACE						d Woodbi		City or Tox		
	1 Burial 2 Cremation 3 Removal	from State	cametary cu	remetory or o	ther niecel		6	1			ille.		
ĺ	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	- I ne	LIO C			ID ADDRESS OF			onsv	TITE.	MD	
	Harry H Witzke Harry H Witzke H 4112 Old Columbi									E11i	cott	City 21043	
TION	immediate cause (Final disease or condition resulting in death) a. ACUTE MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): CARDIOGENIC SHOCK DUE TO (OR AS A CONSEQUENCE OF):								Interval Batweet Onset and Deat UNK				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.												
: MEDICAL	CHRONIC OBSTRUE EOSINOPHILIC GA DID TOBACCO USE CO						PERFORMED?			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
3	25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH	Check or	nly one)				
<u>ا</u> ا		OSPITAL:	ER/Outpatient	3 DOA	OTHER		e 5 🗆 Rasideno	. 8 🗆	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIN	_	28c. INJ			DESCRIBE HOW IN	JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,	ay, roary	"	M		ES 2 NO						
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At h atc. (Specify)	oms, ferm,	street, tect	ory, offic		281.	LOCATION (Street e City or Town, State)	nd Numbe	r or Rural R	pute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI EXAMINER: C											end manner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Extel	in,	DO,			29c. LICENSE N			29d, DAT	E SIGNED	(Month, Day, Year)	
٥	30. NAME AND ADDRESS OF PERSON WHO COMMARIAN C. RUTIGLE	ANO, M	D., 7505	EM 27) (Type	ER D	R. \$	UITE 312	? TO	WSON, ME	2.212	04	•	
	31. DATE FILED MONTH TO 1994	32. PEGGSTRA	PIS SIGNATURE	Corball									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundarunish be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Har L A	IN Bur	ton S	ri		2. DATE OF DEATH DA	1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 405-32-0414	MXM 2 □ F 66		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 2, 1	Count	HPLACE (State or Foreign ry) Kentucky
TOR	98. FACILITY NAME (If not institution, give st HOTFOTO MEMORIA RESIDENCE OF DECEDENT	onal Hospit		1 \	E de Gr		Harfo	
DIRECTOR	Maryland 10b. COUNTY	Cecil	10c. CITY,	TOWN OR LOCAT	sing Sun	1		10d. INSIDE CITY LIMITS? 12XX YES 2 \(\text{INO}\) NO
FRAL	42 Louise Court			101	ZIP CODE	1911	U.S.	THE R. P. LEWIS P. LEWIS P. LEWIS P.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 00	13. WAS DEC If yes, sp 1 YES	ecify Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No— 14. RACI Blac Spec	E — American Indian, k, Whita, atc. iiy: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Eight Years	CATION completed) College (1-4 or 5+)	Give kind of working to the life. Do NOT use it	k done during mo etired.)	st of working		Corpora	
BE COM	17. FATHER'S NAME (First, Middle, Last) Benjami	n Burton			18. MOTHER'S NA	ME (First, Middle, Maiden : Stella G	sumeme) reen	
5	19a. INFORMANT'S NAME (Type/Print) Harlan Burton, Jr 20a. METHOD OF DISPOSITION 1AD Burlel 2 Cremetton 3 C Remo	20b	42 Lou	ise Cou	rt, Risi	ng Sun, Ma	ryland 2	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	M	t. Erin C	Lee A	D ADDRESS OF FA	10/94 Hav	re de Gr	ace, MD
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or haert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS DUE TO TOR AS A	CONSEQUENCE OF	uny	de of dying, suci	h ea cerdiec or reepli	ratory arrest,	Approximate Interval Between Oneet and Death
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	e contributing to deeth b	ut not resulting in	the underlying	y cause given in	Pert i. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO	ALOSPITAL:	eatlent 3 DOA 4	THER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH Y.M. Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At homa, farm, stru	at, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural i	Route Number,
COMPLETED		CIAN: To the best of my know R: On the basis of examination						i) and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	er Mil	ATN (ITEM 27) (Since Or	inel	29c. LICENSE NUN	066/	29d. DATE SIGNED	(Month, Day, Your)
	31. DATE FILED (Month, Day, Year) JUN 10'94		97.51	lmor	ATR	Haly	re de 6	voci Mb

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HE	ALTH AND	MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) Neva G Burch	ette				2. DATE OF DEATH		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-14-3087	5. SEX 6. AGE		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Mar 3 1		8. BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give some state of the state of			es city, town on Rising		EATH		ry of Death
DIRECTOR	10a. STATE 10b. COUNT	Cecil	121-2	town or Location	117			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 112 Cooper Av	е		101. 2	21911		10g. CITIZ	EN OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, speci	ITY Cuban, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yes or No-	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	100000000000000000000000000000000000000	rk done during most retired.)	of working		BUSINESS/INDU	
MP	1 1 17. FATHER'S NAME (First, Middle, Last)	0	Postal				Govern	nment
E CC	Slater Grayso	n				ME (First, Middle, Make Elizab		1100
00	19e. INFORMANT'S NAME (Type/Print)		19b, MAJLING A			Poute Number, City or		
유	Vaughn C Burch	ette Jr				Sun MD		
	20e. METHOD OF DISPOSITION Surfel 2	cen	PLACE AND DATE OF netery, crematory or other	DISPOSITION (Name or place)	e of	DATE 20c.	LOCATION — CI	fy or Town, State
	21. SIGNATURE OF PUNSPAL SERVICE LIC	CENSEE O	o die	22. NAME AND	ADDRESS OF FA	RT	Foard	Funeral Home MD 21911
CERTIFICATION	23. PART I. Later the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Breast DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode	of dying, auci	h as cerdiec or re	ppiretory arre-	ot, Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death b	ut not resulting in	the underlying o	ceuse given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20. PLAC	E OF DEATH (Che	ack only one)		
Sign	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	5 Residence	6 Other (Specify)		
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (26d. DESCRIBE HO	V INJURY OCCU	RED
À	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES	3 2 NO			
8	3 Suicide 6 Could not be determined	20e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, fectory, office		28f. LOCATION (Stre City or Town, Sta		Rural Route Number,
COMPLET		CIAN: To the best of my knowler. On the beele of examination						ceuse(e) end menner ee stated.
w I	296. SIGNATURE AND TITLE OF CERTIFIER	4		2	9c. LICENSE NUM	IBER	29d. DATE S	SIGNED (Month, Day, Year)
TO B	H Xarkes	MD			D 1531	_4	16/	13/94
		MD North	ern Ches	apeake	Hospi	ce EI	l Howa	rd Street MD 21921
	31. DATE FILED (Month, Day, Year) JUN 1 4 '94	32. REGISTRAR'S SIGN.	ATURE Pandall					

TANCER D.

	1. DECEDENT'S NAME (First,		sittinge	. [2. DATE MONTH	OF DEATH		TEAR	8: 55 F
	4. SOCIAL SECURITY NUMBER	-604	5. SEX 1 M 2 F	6. AGE (In yrs. In 86	YRS.	IF UNDER 1 YEAR	HOURS	750	7. DATE Of (Month)	DE BIRTH Day, Year) =1908			ACE (State or Foreign
OR	Frostburg			ng Home		Prost			EATH		9c. COUNTY	of Dea	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	egany		10c. CITY,	TOWN OR LOC						- 1	0d. INSIDE CITY LIMITS?
FRAL	100. STREET AND NUMBER Route 1						101. ZIP COI	DE 1532				N OF WH	YES 2 NO
BY FUN	11. MARITAL STATUS 1 Never Married 2 1 Widowed 4 Divor	Married	12. WAS DECEDEN	YES 2 T		if yes,		OF NISPAN	n, Puerto A	? (Specify Yes lican, etc.)	or No — 14	Black, Specify:	- American Indian, White, atc.
PLETED	15. DECE	EDENT'S EDUC			Give kind of wo b. Do NOT use	SUAL OCCUPA ork done during retired.)	TION most of work	ing	16b.	KIND OF BUS	Mines		WILL OU
E COMP	17. FATHER'S NAME (First, Mix James Bi		er			4101				iddle, Maiden	Sumame)		
TO BE	190. INFORMANT'S NAME (Ty) Delores			1		We Mai	t end Numbe	er or Rural I	Route Numb	er, City or Town	n, State, Zip Co		
	20e METNOD OF DISPOSITIO	ON n 3 🗆 Ramo	val from State	20b. PLACE	AND DATE OF	DISPOSITION (Name of		DATE		CATION - CIT	y or Town	
	21. SIGNASSURE OF FUNERAL	SERVICE HO	Hosex Hosen			22. NAME	AND ADDR	ESS OF FA	CILITY	ne, Fr			
	23. PART Enter the disabook, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	art fallure. L	lat only one cau	t ceused the dise on each lin	a.		noda of d	ying, suc	h ss cerd	iec or respi	ratory srrea	t,	Approximats interval Betwee Onset and Dael
CERTIFICATION	Sequentially list condition if any, leading to immed cause. Entar UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	liata NG Ty c		(OR AS A CONSE									
E 1	CAST II OIL III III	nt conditions	contributing to	deeth but not	resulting in	the underly	ng cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	A	ERE AUTOPSY FINDINGS
MEDICAL	PART II. Other significar	SEP	5/5	100	v seir	hman				1 U YES 2	2.5.10	1	OMPLETION OF CAUSE F DEATH?
MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:			26. QTHER:	PLACE OF		eck only one	9)		1	F DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P	MEDICAL	1 Inpetient 2 2 26e. DATE OF (Month, D	ER/Outpetlent INJURY ay, Year)	3 DOA 28b. TIME INJU	26. I	PLACE OF I	tesidence	sck only one	9)			F DEATH?
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1	O MEDICAL Pending	28e. PLACE 0	ER/Outpatient	3 DOA 28b. TIME INJU	26. I	PLACE OF I	tesidence	8 Other 28d. DESc	(Specify)	JURY OCCUP	RED	F DEATH? YES 2 NO
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P 2 Accident if 3 Suicide 6 G 4 Homicide	MEDICAL Pending Investigation Could not be letermined	28e. DATE OF (Month, D building,	ER/Outpetlent INJURY FINJURY — At h etc. (Specify) my knowledge, d	3 DOA 28b. TIME INJU	28. Nursing No OF 28c. I N M 1 eet, factory, of	PLACE OF I	NO NO	Bck only one 6 Other 28d. DESt 26f. LOCA City o	(Specify) (Specify) CRIBE NOW IN TION (Street a r Town, Stete)	nd Number or	RED Rural Rou	F DEATH?

31. DATE FILED (Morth, Day, Year)

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STATE OF MARYLAND / DEPARTMENT	OF H	IEALTH AN	D MENTAL	HYGIENE
CERTIFICATE	OF	DEATH		REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lest) CLINTON				2. DATE OF DEATH	YEAR	3. TIME OF DEATH
	Calvin C. Baker			_	06 08		2:38 pm
	4. SOCIAL SECURITY NUMBER 5. S		MOI	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cour	
	102-10-2020	X ^{M 2} □ F 79	YRS.		10/22/14		
œ	9e. FACILITY NAME (If not institution, give street as			CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	
5	Thomas B. Finan Ce	nter		CUmberland		Allega	iny
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY LIMITS?
	MARYLAND ALLEG	ANY	CUM	BERLAND			1 YES 2 NO
FUNERAL	104. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
N N	915 BEDFORD STREET 11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN	U.SARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No.— 14. RA	CE — American Indian,
	1 Nover Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, specify Cuban, Mexico	nn, Puerto Rican, etc.)	Bla	ck, White, etc.
ВУ	3 Widowed 4 Divorced				, <u>.</u>		WHITE
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N leted)	16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
ZE	Elementary/Secondary (0-12) Col	ilege (1-4 or 5+)	We. Do NOT use re	INGFIELD TIRE	CO. TIR	E/MANUF.	
MO	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		
BE C	CLINTON CALVIN BAKE	מס מי		LAURA	MAE BRADE	N	
TO B	19a, INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rural		- 11	
۴	EVELYN M. RAKER			FORD STREET CU			21502
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal 1	rom State CTI	Other place)	TERY JUNE 13 1		CATION — City or	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE		NSEI CEME	22 NAME AND ADDRESS OF FA	CILITY		IARYLAND
	N & V P	**		MERRITT-ADAMS	FUNERAL HO		
-	23. PART I. Enter the diseases, or comp	EVIUN	the deeth. Do not	404 DECATUR S			IARYLAND Approximate
	shock, or heart failure. List	only ona ceuea on ac	ch lina.		•		interval Between Onset and Deeth
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	cardu	ec arra	nt ca			
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):		1 .	TI.	
NO	Sequentisity list conditions, b.	owney	or fery of	souso - Ca	religioniza	parm	
ATI	if sny, leading to immediate cause. Enter UNDERLYING	DOE TO (OR MA A	CONSEQUENCE OF):		Ψ.:		
IFIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST						
AL C	PART II. Other significent conditions co	ntributing to deeth be	ut not resulting in t	he underlying ceuse given in			4b. WERE AUTOPSY FINDINGS
20					PERFOR 1 YES 2	A	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC							,1 YES 2 NO
ä							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26, PLACE OF DEATH (C		FNODTON	T OAT
1YS	1 VES 2 NO 1 Z7. MANNER OF DEATH	Inpatient 2 ER/Outp	28b. TIME C	□ Nursing Home 5 □ Reeldence F 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW II	INSTITUT	TON
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK? M 1 VES 2 NO	200. DECONIDE NOW II	NOOM COOCILE	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, stre	et, factory, office	28f. LOCATION (Street		al Route Number,
COMPLETED	4 Homicide determined	building, atc. (Spec	ny)		City or Town, State)		
PE	290. CERTIFIER (Check only	: To the best of my know	edge, death occurred	nt the time, date end place, end du	e to the cause(e) end mar	ner se stated.	
NO.	0/10) 2 MEDICAL EXAMINER: Of	the basis of examination	end/or investigation,	in my opinion, death occured at th	e time, date and place, en	d due to the caus	e(e) end manner ee stated.
BE 0	29b. SIGNATURE AND TILL OF CERTIFIER	. 4		29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)
5	OF NAME AND ADDRESS OF PERSON WHO CO	MADI ETTO CALLOS OF CO.	ATU (ITEM CT CT - C	D 410	9	10	177
	30. NAME AND ADDRESS OF PERSON WHO CO Alan Arnson Box 66	6 Bittinger					
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATUNE 0 40				
	06/08/UN 0 9 1994	32 REGISTRAR'S SIGN	Mardall				

BALTIMORE, MARYLAND 21215-0020	in 24 focus after death, Page 6 may be retained by the hospital or attending phy lely filled in by the funeral director, page 5 should be detached for use as the bur hatlon, or removal. The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPTOL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriabe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Las JOSEPH FITZGERAL					2. DATE OF DEATH MONTH 6-10	AY 94 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-22-2314 90. FACILITY NAME (If not institution, give	1 X M 2 □ F 68	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) November 8	, 25 Vir	ginia
			Clint	R LOCATION OF DE	АТН	Prince	George's
	ce George's		own on Local pper Ma	arlboro			10d. INSIDE CITY LIMITS? 1 YES 2 NO
8306 Trumps Hill				20772		United	States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXWIdowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 (X) YES IF YES, GIVE WAR OR DO WW-2	2 NO	If yes, sp	ENDENT OF HISPAN city Cuban, Mexice 2XXNO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Ble	CE — American Indian, ck, While, etc. city: te
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		16e. DECEDENT'S US (Give kind of work life. Do NOT use no Owner	done during mo	N at of working		siness/industry	
17. FATHER'S NAME (First, Middle, Last) George W. Berry 190. INFORMANT'S NAME (Type/Print)		40b MAII ING AG	DBESS /Street of	Ellyn Ly	ME (First, Middle, Maiden / nch Route Number, City or Tow		
Rebecca L. Rutle			ickory	Avenue,	Waldorf,		
20s. METHOD OF DISPOSITION 1 & Burlai 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE MGB Mark G Br	uctinsee Ma	etery, crematory or other ary land ve	terans 22. NAME AF THE HI	Cem. 06-	-14-94 Ch	eltenham INC.	Maryland
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		tuer	- Mina	Jukno	Interval Between Onset and Deat
PART II. Other algnificant conditions	contributing to deeth b	ut not resulting in t	he underlying	ceuse given in	Part I. 24s. WAS AN PERFOR	AMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME O	F 28c. INJ WO M 1 1	URY AT RK? ES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED	
3 Suicide 6 Could not b	a 28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, streedly)	et, factory, offic		28f. LOCATION (Street City or Town, State)	end Number or Rurel	Route Number,
one) —	SICIAN: To the best of my know NER: On the basis of examination						(a) end manner es stated.
29b. SIGNATURE AND TITLE OF CERTIF		ATH (ITEM 27) (Type Pri	int)	D37	D 43	29d. DATE SIGNE	(Month, Day, Year)
Robert M. (31. DATE FILED (Month, Day, Year)	higramente 32. REGISTRAR'S SIGN	7501	_	15 Rd #	308 Cli	nton M	0 20735
JUN 1 4 199	34 Julia David	corRedall.					DHMH-18 Rev 1

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TO THE HOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 70 hours after death with the State heart of Health and Mental Horiene prior to burial, compation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Middle, Lest)				ICATE (2. DAT	E DF DEATH	21	YEAR 94	3. TIME OF DEATH 12:45 P
4. SOCIAL SECURITY NUMB		5, SEX		-4 6 1 46 4 - 5				5				
213-12-52		1 M 2 XF	8. AGE (In yrs. In	YRS.	IF UNDER 1 YE	-	MIN.	(Mor	E OF BIRTH oth, Day, Year) — 23—0		Carme	PICANA, MC
9a. FACILITY NAME (N not in Mallard E	Bay	treet and number)				ridge		EATH		Do:	TY OF D	
nesidence of dec 100. STATE Md.	10b. COUNTY	nester			y, town on L ienna							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 4868 Old		50				101. ZIP COI	e 369			10g. CITIZ	ZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	. 2	FORCES?	NT EVER IN U.S. AI I YES 2 X MAR OR DATES		If yo	DECENDENT I, specify Cub YES 2 NO	an, Mexic	an, Puerto	IN? (Specify Vo Rican, etc.)	es or No—		E — American Indien, k, White, etc.
	eDENT'S EDU- ly highest grade 0-12)		*)	ECEDENT'S Give kind of a. Do NOT u DOMES	USUAL OCCU work done during se retired.)	PATION g most of work	ding		HOUSEK			TIRED)
17. FATHER'S NAME (First, M		SLEY HIL	L						Middle, Meldel	n Sumeme)		
190. INFORMANT'S NAME (T			11						mber, City or To			60
20a, METHOD OF DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE other p	4	SITION (Name					LEM,		own, State
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE (00		22. NA	E AND ADDR	ESS OF F	ACILITY	1213 J	EDCEV	DD	
	decessor of	- 19 - 1	oller	1				, MD	. 2180	11		
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure. nai	Endom	use on each fin	ca				, MD	. 2180	11		Approximate Interval Between
IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme	tions,	Endom DUE π	use on each ¶n	CA	F):			, MD	. 2180	11		Approximate Interval Between
immediate cause (Fir disease or condition resulting in death)	eart failure.	Endom DUE TO DUE TO	etrial	CA EQUENCE C	F):			, MD	. 2180	11		Approximate Interval Between
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or injuthat initiated events	eart failure.	Endom DUE TO DUE TO DUE TO DUE TO	etrial O (OR AS A CONSE	CA EQUENCE C	ਜ: ਜ:	mode of d	ying, suc	, MD	• 2180 rdiac or ree	N AUTOPSY	ont,	Approximate Interval Between
Sequentially list condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	eart failure. nai tions, diate any ant condition	Endom DUE TO DUE TO DUE TO DUE TO HOSPITAL:	etrial O (OR AS A CONSE	CA EQUENCE C EQUENCE C	F): F): in the under	mode of d	given in	, MD ch ee ca	2180 rdiac or ree 24a. WAS A PERFC 1 YES	N AUTOPSY	ont,	Approximate Interval Between Onset end Death WRITE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat Initiated events resulting in death) LAS PART II. Other signification resulting in death) 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	eart failure. nai tions, diate any ant condition	Endom DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpetien: 28a. DATE O (Morth,	Use on each fin	CA EQUENCE C EQUENCE C FOURIER FOUR FOURIER FOURIER FOURIER FOURIER FOURIER FOURIER FOURIER	OTHER:	fying cause 18. PLACE OF Home 5 1 Home 5 1 WORK? YES 2	given ir	heck only	24a. WAS A PERFC 1 YES	N AUTOPSY ORMED? 2 NO	24b	Approximate Interval Between Onset end Death Death Onset end D
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification resulting in death) 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Accident	eart failure. nai tions, dilate ING ury BT TO MEDICAL Pending	Endom DUE TO b. DUE TO c. DUE TO d	USE ON EACH (IN CONSE	CA EQUENCE C EQUENCE C FOURIER FOUR FOURIER FOURIER FOURIER FOURIER FOURIER FOURIER FOURIER	OTHER:	fying cause 18. PLACE OF Home 5 1 Home 5 1 WORK? YES 2	given ir	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 NO INJURY OCC	24b	Approximate Interval Between Onset end Death Death Onset end D
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EFFED CAUSE OF DEATH (ITEM 27) (Typo, Print) 880 Hullock, 77

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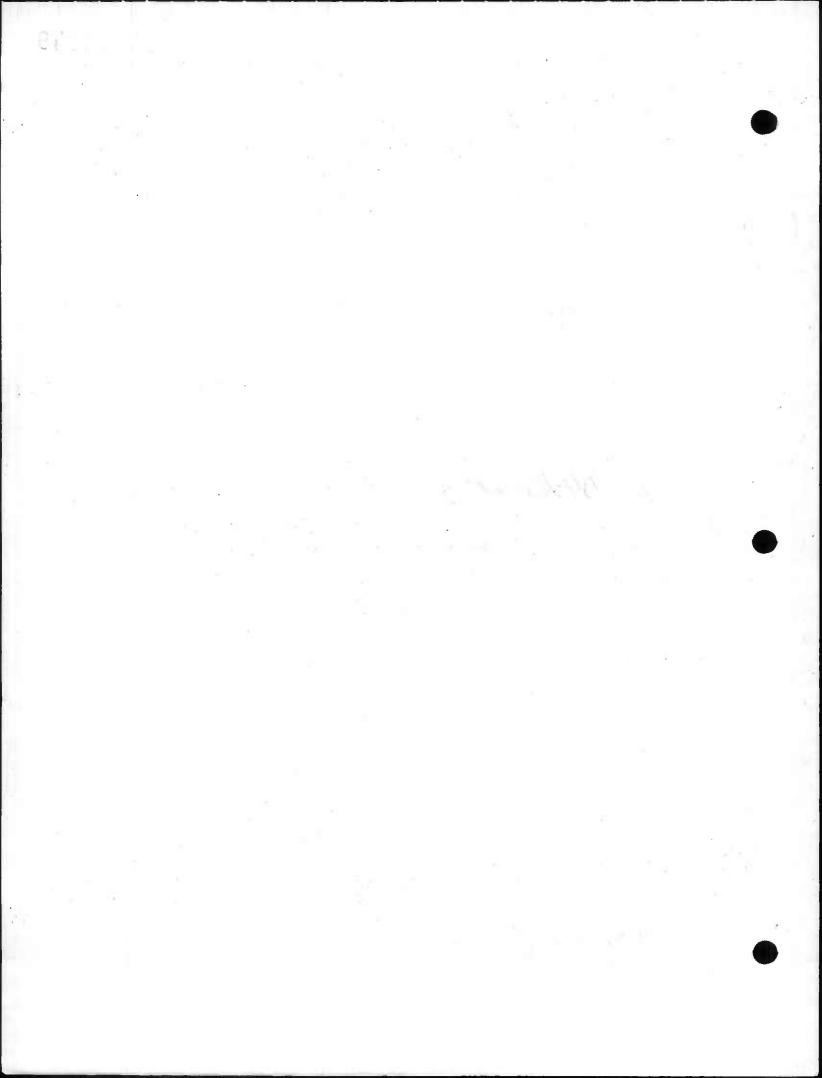
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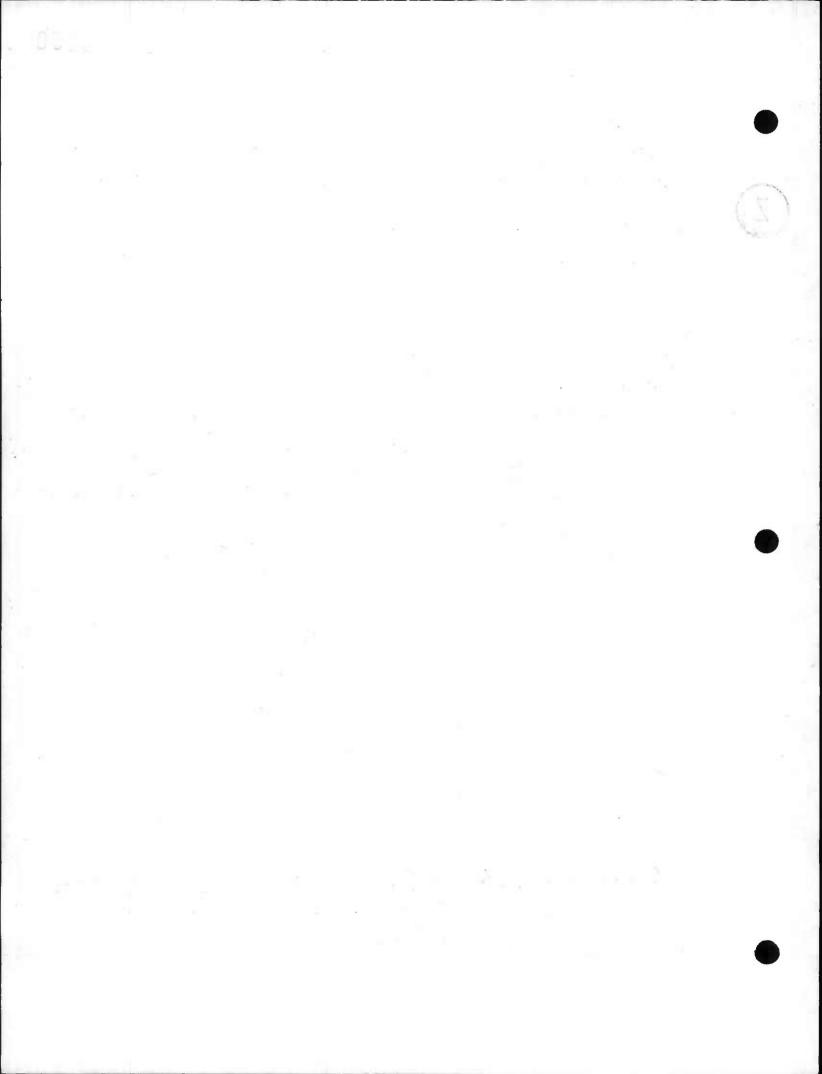
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ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		Of it manufacts are there of allower and the contract to the second and the second to
funeral		and and and
n by the	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	diam'r.
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1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALI CATE OF DE		REG. NO.					
1. DECEOENT'S NAME (First, Middle, Last					TE OF OEATH NTH DAY	YEAR	3. TIME OF DEATH			
Janet L. Bar					6 7	1994	10:30 a			
4. SOCIAL SECURITY NUMBER 236-66-3276	236-66-3276 1 M 2 X F 51 VRS. MONTHS DAYS MIN. (Month, Day, Year 11/7/42									
5 Garrett Memori		ATION OF OEATN	9	Garr						
RESIDENCE OF DECEDENT				Fort make and						
WV Tuc	ker	Mas			10d. INSIDE CITY LIMITS? 11 YES 2 NO					
100. STREET AND NUMBER P.O. Box 352			100000	101. ZIP COOE 26292			10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS OECENDEN If yee, specify C 1 YES 2 X	uban, Mexicen, Puer	GIN? (Specify Yee or to Ricen, etc.)	Blac	RACE — American Indian, Black, White, etc. Specify: White			
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Give kind of wo life. Do NOT use	ker	orking	16b. KIND OF BUSING					
I Crarence bar	17. FATHER'S NAME (First, Middle, Last) Clarence Barr Mary						rr			
190. INFORMANT'S NAME (Type/Print) Robert Carr		19b. MAILING A	Box 352	nber or Rural Route N , Thoma	umber, City or Town, S	26292				
20g, METHOD OF DISPOSITION 1 (A Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Parsons City Cemetery 7/10 Parsons, WV										
22. NAME AND ADDRESS OF FACILITY P.O. Box 243 Durst Funeral Home - Oakland, Md. 21550										
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or haart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Ventricular arrhythmia, Acute DUE TO (OR AS A CONSEQUENCE OF):										
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST LISCHEMIC Heart Disease Due TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Cardio-Vascular Disease Unknown d.										
PART II. Other algnificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying the underlying to death but not resulting in the underlying to death but not resulting in the underlying the underlying to death but not resulting in the underlying					TOPSY 24 0? NO	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
27. MANNER OF OEATH XX Natural 5 Pending	1 Inpatient 2X ER/Outpetic 26e. DATE OF INJURY (Morith, Day, Yeer)	28b. TIME	RY WORK?	28d. [DESCRIBE NOW INJU	RY OCCUREO				
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — A1 home, farm, street, fectory, office building, etc., (Specify) 28e. PLACE OF INJURY — A1 home, farm, street, fectory, office building, etc., (Specify)									
29e. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my knowled									
296. Signaruse and title of CERTIF		/ L		ICENSE NUMBER			(e) and menner ee stated. D (Month, Day, Year)			
Merger	HO COMPLETED CAUSE OF DEATH	Close V	M. E	05658		June	7, 1994			
30. NAME AND ADDRESS OF PERSON K	THE COMM ELIZE CHICAGO, SEAT	· (· · · · · · · · · · · · · · · · · ·	THR)							



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physic	rurs after death. Page 6 may be retained by the hospital or attending phys
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be fled within 72 hours after death with the State Dept, of Heath and Mental Hydiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burist removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	redical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND	MENTAL HYGIEN				
000000000000000000000000000000000000000	1. DECEDENT'S NAME (First, Middle, Last) Mary Catherine	e CRUMMITT		June 18,	1994 YEAR	3. TIME OF DEATH 9:20 AM		
		M 2 XF 76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	10 0 - 11 D 11 1	1917 Mar	yland		
OR	9a. FACILITY NAME (If not institution, give street enc. 203 East Sixth Street	d number)	9b. CITY, TOWN OR LOCATION OF Frederick	HTABO	oeath 9c. county of peath rederick			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Frederic			10d. INSIDE CITY				
	10e. STREET AND NUMBER 203 East Sixth Stre		rederick 101. ZIP CODE 21701		10g. CITIZEN OF V	1 AYES 2 NO		
BY FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. ARMED DRCES? 1 YES 2 NO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISI If yea, specify Cuban, Max 1 YES 2 NO Spe	ican, Puarto Rican, etc.)	ORIGIN? (Specify Yea or No. 14. RACE — American India			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) Colle				siness/industry			
BE CON	17. FATHER'S NAME (First, Middle, Last) Gordon SMITH			NAME (First, Middle, Melden	Sumama) RIPPEON			
TO B	190. INFORMANT'S NAME (Type/Print) James L. Crummitt	19b. MAILING 203	AOORESS (Street and Number or Rus East Sixth Street	et, Frederi	n, State, Zip Gode) ck, Md.	21701		
	20a_METHOO OF DISPOSITION 1 A_Burlel 2 Cremetion 3 Removal fro 4 Donation 5 Other (Specify)	om State 20b. PLACE AND DATE	of disposition (Name of the Centetery, June 2	2, 1994 Pred	cation - city of to	yland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00255		ırch St., Fr	rederick,	Home Md. 21701		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CERT	PART II. Other algorificant conditions cont	ributing to death but not resulting	In the underlying causa givan	in Part I. 24a. WAS AN PERFOR 1 YES 2	IMED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMMELETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN		SPITAL: operlant 2 ER/Outpetient 3 DOA	28. PLACE OF DEATH (OTHER: 4 Nursing Home 5 (# Rasidence					
ВУ	27. MANNER OF DEATH t Neturel 5 Pending 2 Accident Investigation	8e. OATE OF INJURY 28b. TIN	E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State)		Poute Number,		
COMPLETED		to the best of my knowledge, desth occurr the besis of examination and/or investigation) and manner se stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMP	Hughen	29c. LICENSE N	UMBER /	29d, DATE SIGNED	Month, Day, Year) 20/910		
	Dr. Robert S. Hugh	es 700 Montclair	e Ave., Freder	ick, Marylar	nd 21701	/		
	31. DATE FILED (Morith, Day, Year)	2. REGISTRARIE SIGNATURE PORTE	1					

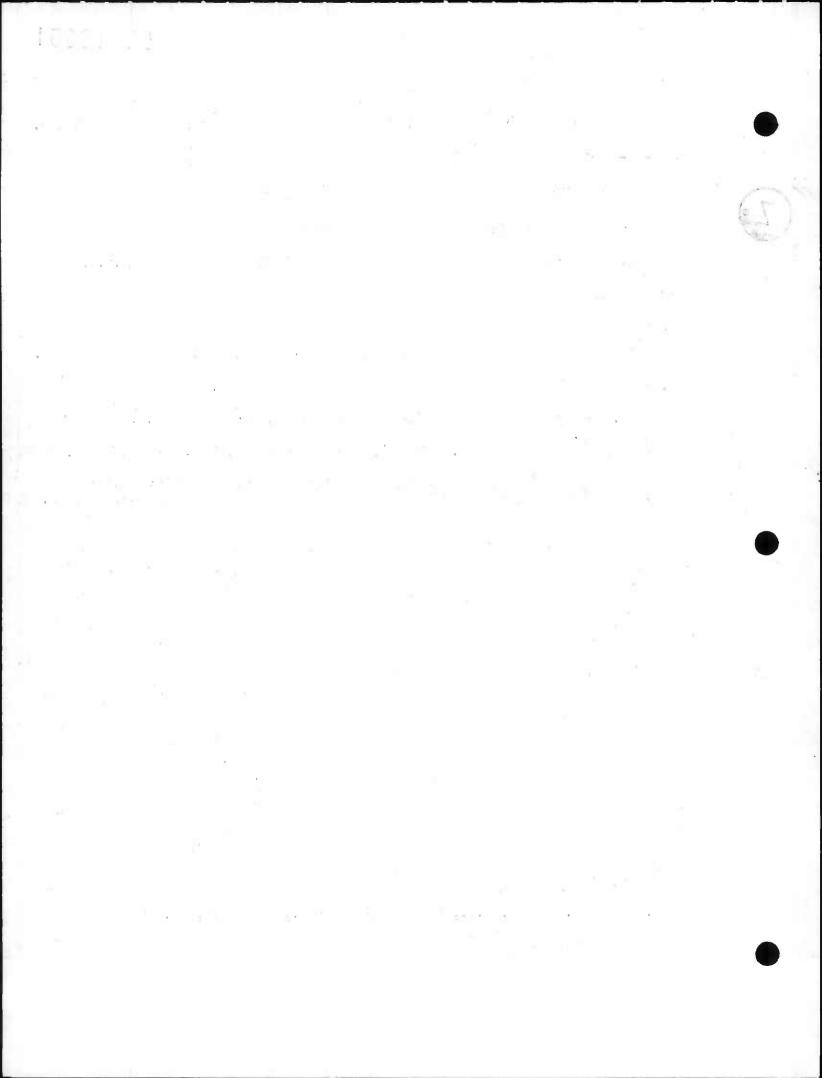


plias of attending priyacians	ed for use as the burial-trangit permit	المصون
IN THE MOSTIME OF ALLEMENTS FILLSHAM. THE INVIDENCE OF THE MOST AND MENTAL OF HIS DESIGNED BY THE MOST AND TH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpir nermine. The filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury,

DIVISION OF VITAL RECORDS, P.O. BOX 68760

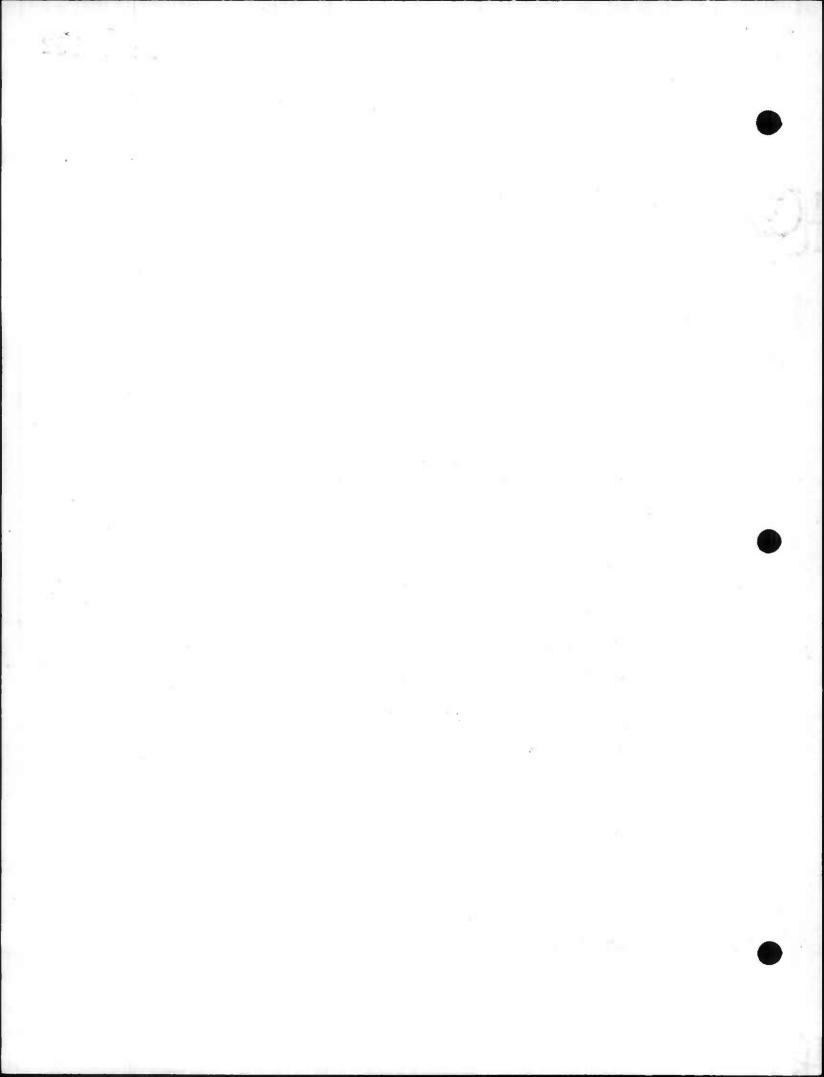
BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	E		
))	1. DECEDENT'S NAME (First, Middle, Last) Frank	Burkhart	CASTLE			June 18,	1994 YEAR	3. TIME OF DEATN 10:30 P. M	
8	4. SOCIAL SECURITY NUMBER 217-32-5488	1 2 M 2 □ F 77	YRS. MOI	UNDER 1 YEAR	HOURS MIN.		1916 ~	Maryland	
TOR	9a. FACILITY NAME (If not institution, give s 12 Franklin Aven RESIDENCE OF DECEDENT		96	b. city, fown on location of death Frederick			9c. COUNTY OF DEATN Frederick		
DIMECTOR		rederick		10c. CITY, TOWN OR LOCATION Frederick			10d. IN		
FUNERAL	12 Franklin Aven				21701		U	S.A.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spi	ecity Cubsn, Mexicen, 2 NO Specify:	ORIGIN? (Specify Yee Puerto Ricen, atc.)	Bir	ACE — American Indian, ack, White, etc. ectly: White	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo- tired.)	nt Operat	16b. KIND OF BUS		hway Admin.	
_	17. FATNER'S NAME (First, Middle, Lest) J. Albert Castle		inea vey in	qualme	18. MOTNER'S NAME	E (First, Middle, Maiden Biser		ilway Adiilii	
10 BE	190. INFORMANT'S NAME (Type/Print) Hannah H. Castle					ute Number, City or Town		701	
	20a. METNOD OF DISPOSITION Burtel 2 Cremetlon 3 Rem 4 Donation 5 Other (Specify)		PLACEAND DATE OF D	sposition (No			eation — city or Frederi	Town, State ck, Md. 21701	
	21. SIGNATURE OF FUNERAL SERVICE LIC	C. Back	£100022	Kee		asford Fu			
CS	23. PART I. Enter the diseasee, or complications that obused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C							
" MEDICAL	PART ii. Other algnificent condition	e contributing to deeth but	t not resulting in th	ne underiying	ceuse given in Po	ert i. 24a. WAS AN PERFOR 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO CDMPLETION OF CAUSE DF DEATHY 1 YES 2 ZMO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output		THER:	ACE DF DEATN (Check				
DI FIII	27. MANNER DF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJI WO	JRY AT	28d. DESCRIBE NOW IN	JURY OCCURED		
9	3 Suicide 8 Could not be determined	28s. PLACE DF INJURY – building, stc. (Specify	– At home, ferm, stree y)	t, factory, office	2	281. LOCATION (Street a City or Town, State)	nd Number or Rura	il Route Number,	
OMPLE		CIAN: To the best of my knowled R: On the basis of examination						e(s) end menner as stated.	
10 05	30. NAME AND ADDRESS OF PERSON WN Dr. Robert S. Hi	D COMPLETED CAUSE OF DEAT			29C LICENSE NUMB	derick, M	29d. DATE SIGN	20/88	
	31. DATE FILED (Month, Day, Year) JUN 2 2 199	32. REGISTRAR'S SIGNAT		TOTIC 4	ve., rre	derick, H	u. 21/0.	L	



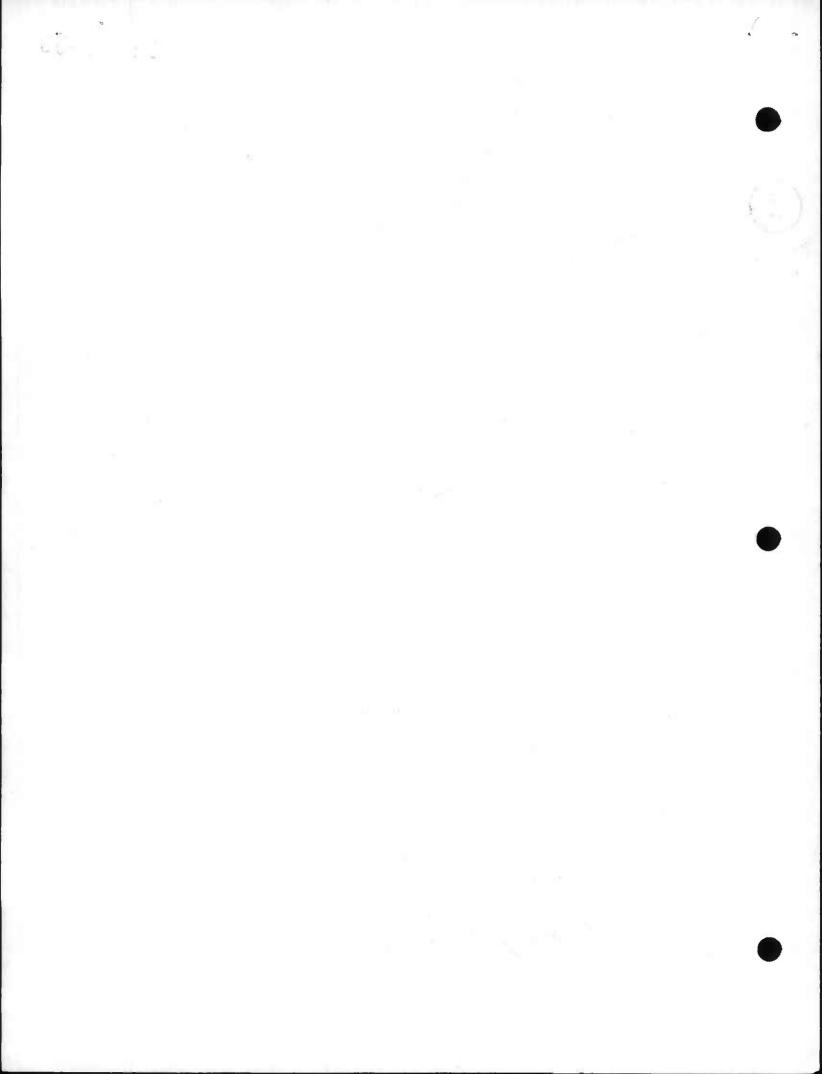
BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the record of the response or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shound be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 Is marked, or item 23 shows any in

	REGISTRAR	CE	RTIFICAT	E OF		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lab) DITH AL		HILDER	S		2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH		
		HILDERS				06 10	94	743 A H		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 🕏 F	6. AGE (In yrs. lest	VRS. IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	TNPLACE (State or Foreign intry)		
	9e. FACILITY NAME (If not institution, give street end number)	81		TOWN O	R LOCATION OF DE	02-11-19	913 Ma	aryland		
H	Howard County Genera	Hospi			mbia	AIR		rd County		
č	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION									
IRE			10d. INSIDE CITY LIMITS?							
IL C	Maryland Howard Com	10a CITIZEN O	1 YES 2 YNO							
FUNERAL DIRECTOR	2525 McKenzie Road			210	143		USA			
5	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. ARM	IED 13	. WAS DECI	ENGENT OF HISPAN	IIC ORIOIN? (Specify Yee n, Puerto Rican, etc.)	or No.— 14. RA	CE American Indian,		
BY F	1 Never Married 2 Merried FORCES7 1 XXXIdowed 4 Divorced IF YES, GIVE V	173	ecity:							
	15. DECEDENT'S EDUCATION	INESS/INDUSTRY	White							
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5	(G/v	EDENT'S USUAL, e kind of work don Do NOT use retired.	e durina mos	st of working					
MP	12th		Homema	ker		Own F	lome			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	John E. Richarts 190. INFORMANT'S NAME (Type/Print)	400	MAIL INC. A CORD	20.40		arrie Ros		pp		
2						Route Number, City or Town				
	Ms. Norma June Zippr	20b. PLACEAR	ND DATE OF DISPO	SITION (Na	712 ROZ	OATE 20c. LO	CATION - City or	y MD21043		
- 2	1 Burlel XX Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Balt	elory or other place 0-Wash	Cre	matorv	6-13-94	Laure	1. MD		
	H. BIONADONE OF FUNERAL SERVICE LICENSEE	/		. NAME AN	D ADDRESS OF FA					
	Columbillar De	L MOI	0535			City, MA				
	23. PART 1. Enter the diseases, or complications the ehock, or heart feliure. List only one can	t caused the dee	th. Do not ente	er the mod	de of dying, suci	h as cerdiac or reapi	retory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finei							Onset and Death		
	resulting in deeth)	OR AS A CONSEQU	HENCE OF					1 D Ay		
z	ATTE		2144	TON				IDAY		
은	it any, leading to immediate	(OR AS A CONSEOL		1-01-		-				
2	CAUSE (Disease or Injury	(OR AS A CONSEQU	IENCE OF	_						
CERTIFICATION	that initiated events resulting in death) LAST	(OII AS A CONSEC	DENCE OF J.							
	DART II Other significant conditions contain the terms	Lab. L. Lab.			Market I and the					
CAL	PART II. Other significent conditions contributing to	CHRONIC	eulting in the t	underlying				4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ED	DISEASE HYPERTENSIO	1	O 03/18	2011	ve Twick	LOWALY YES 2	X NO	OF DEATH?		
₹	DID TOBACCO USE CONTRIBUTE		E OF DEA	TH Y	ES NO			1 TES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Chi	eck only one)				
YSK	1 YES 2 NO 1 Cinputient 2	ER/Outpatient 3	DOA 4 N		5 🗆 Reeldence	8 Other (Specify)				
	27. MANNER OF DEATH 28e. DATE OF (Month, D. Month,	28b. TIME OF INJURY	28c. INJU	RK?	28d. DESCRIBE HOW II	NJURY OCCUREO				
B	2 Accident Investigation	F INJURY — At hom	no, form, street, fa	1 TY		281. LOCATION (Street a	and Number of Burn	al Boute Number		
COMPLETED	4 Homicide determined building.	etc. (Specify)		,,		City or Town, Stete)		, , , , , , , , , , , , , , , , , , , ,		
PE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, deat	th occurred at the	time, date	end place, end due	to the ceuse(e) end men	ner ee stated.			
NO	one) 2 MEDICAL EXAMINER: On the beele of e							e(e) end menner ee stated.		
BEC	29b. SIGNATURE AND 119 STATE CERTIFIER				29c. LICENSE NUM	IBER	29d. DATE SIGN	ED (Month, Day, Year)		
TO B	Aprilars as			l	0382		▶ 06	,-10-94		
	JOSEPH F. GIBBONS, 1	SE OF OEATH (ITEM	27) (Type, Print)	Anı	AAPOLIS	20, ELLIC	OTT CITY	MD 21042		
	JUN 1 4 1994 Julia d	B'S SIGNATURE						/		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bun	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or them 23 shows any injury or other trainmatic event the medical evantines must be notified at once
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							27							
	FOR 1 STATE	STATE OF MARY	LAND / DEPAR	RTMENT OF H	HEALTH AND I	MENTAL HYGIEN	E							
	REGISTRAR	NO.		ICATE OF		REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	Collin	DAVIDSON	A COPPI	N	2. DATE OF DEATH DA		3. T	ME OF DEATH					
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		0 94		1- A M					
	418-90-5360		36 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-31-19		Country)	E (State or Foreign					
	9a. FACILITY NAME (If not institution, give sin	2020		9b. CITY, TOWN	OR LOCATION OF DE		7 Alabama							
S.	Howard County C			County										
رَق	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		140. 017	Y, TOWN OR LOCA	rion .				-					
DIRECTOR	Maryland Howar								INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	d County		COlumbi 10	f. ZIP CODE		10g. CITIZER	- 2	YES 2 NO					
FUNERAL	6594 Dovecote I	Orive			21044		US	A						
15	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE			ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea			mericen Indian,					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify	n, Puerto Rican, etc.)		Specify:	white					
ED E	15. DECEDENT'S FOUC	ATION	18ª DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	INTERS (INDICE	TRV						
H	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me	est of working	100. KIND OF BUS	MESS/MUUS	INT						
COMPLET	unknowr		Techr	nician		Heatin	a & A	ir o	condition					
9	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden								
BE	Norman	C	ollin		Sherla				elton					
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		,						
	Ms. Virginia Co	2	16594 Ob. Place and date			Columbia PATE 20c. LO	MD CATION — CITY							
	4 □ Donation 8 □ Other (Specify)	val from Stata	emetery cremetory or o	ther place!		6-12-94								
	21. SIGNATURE OF FUHERAS SERVICE LICE	HSEE / /	<u>readowr</u>	22. NAME A	ND ADDRESS OF FA	CILITY			MD					
	* plum 4/ller	Muck	M00535			ral Home			40					
	23. PART I. Enter the diseases, or of	implications that cour	ed the deeth. Do	not enter the mo	de of dying, auci	ity, Mar	v Tallo	210	Approximate					
	shock, or heart failure. L. IMMEDIATE CAUSE (Final							j	Interval Between Onset and Death					
	disease or condition resulting in death)	DUE TO (OR AS	roflo	aryn X	/				2 years					
	100000000000000000000000000000000000000	DUE TO (OR AS	A CONSEQUENCE O	r):) /					
O.	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR A!	A CONSEQUENCE O	P):										
CAT	cause. Enter UNDERLYING							İ						
E	thet initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):		CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):								
F	thet initiated events resulting in death) LAST													
ERTI	0.													
AL CERTIFICATION	PART II. Other eignificant conditions	contributing to deeth	but not resulting	In the underlyin	g ceuse given in	Part I. 24s. WAS AN			E AUTOPSY FINDINGS					
	PART II. Other eignificant conditions	contributing to deeth	but not recuiting	In the underlyin	g ceuse given in	PERFOR		COM	LABLE PRIOR TO PLETION OF CAUSE					
MEDICAL	PART II. Other eignificant conditions	contributing to deeth	but not resulting	In the underlyin	g ceuse given in	PERFOR	MED?	COM OF D	LABLE PRIOR TO					
MEDICAL	DID TOBACCO USE C			DEATH Y	ES NO	PERFOR	MED?	COM OF D	LABLE PRIOR TO PLETION OF CAUSE SEATH?					
MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO	PERFOR	MED?	COM OF D	LABLE PRIOR TO PLETION OF CAUSE SEATH?					
MEDICAL	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	26. PI OTHER: 4 Nursing Horr	/ES NO	PERFOR 1 YES 2 Deck only one) 8 Other (Specify)	MED?	AWAR COM OF C	LABLE PRIOR TO PLETION OF CAUSE SEATH?					
PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	CONTRIBUTE TO	CAUSE OF	26. PI OTHER: 4 Nursing Hon BE OF 28c. INJ. WC	ES NO	PERFOR	MED?	AWAR COM OF C	LABLE PRIOR TO PLETION OF CAUSE SEATH?					
BY PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE TO MOSPITAL: 1 A Inpatient 2 = ER/O 20a. DATE OF INJUR (Month, Dey. Vber) 20a. PLACE OF INJU	CAUSE OF utpettent 3 DOA Y 28b. Till IN.	26. PI OTHER: 4 Nursing Horn IS OF 28c. IN. URY M 1	/ES NO LACE OF DEATH (Che the 5 Residence IURY AT PIKT YES 2 NO	PERFOR 1 YES 2 Description 2 Describe How II 281. LOCATION (Street of	MED? NO NO NJURY OCCUR	AMAR COM OF D 1	LABLE PRIOR TO PLETION OF CAUSE PEATH? YES 2 NO					
BY PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MOSPITAL: 1 Ninpatient 2 = ER/Or 1 20a. DATE OF INJUR (Month, Day, Year	CAUSE OF utpettent 3 DOA Y 28b. Till IN.	26. PI OTHER: 4 Nursing Horn IS OF 28c. IN. URY M 1	/ES NO LACE OF DEATH (Che the 5 Residence IURY AT PIKT YES 2 NO	PERFOR 1 YES 2 Bock only one) 8 Other (Specify) 2ad. DESCRIBE HOW II	MED? NO NO NJURY OCCUR	AMAR COM OF D 1	LABLE PRIOR TO PLETION OF CAUSE PEATH? YES 2 NO					
BY PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	CONTRIBUTE TO MOSPITAL: 1 Ninpatient 2 = ER/Or 20a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)	CAUSE OF Interior 3 DOA Y 28b. Tilk IN. RY — At home, farm,	DEATH 26. PI OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 street, lactory, office	/ES NO LACE OF DEATH (Che No 5 Residence IVRY AT IVRY YES 2 NO a and place, end due	PERFOR 1 YES 2 1 YES 2 Other (Specify) 2ad. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and man	NO NJURY OCCUR	COMO OF C	ABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 NO NO Number,					
BY PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE TO MOSPITAL: 1 Ninpatient 2 = ER/Or 20a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)	CAUSE OF Interior 3 DOA Y 28b. Tilk IN. RY — At home, farm,	DEATH 26. PI OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 street, lactory, office	/ES NO LACE OF DEATH (Che No 5 Residence IVRY AT IVRY YES 2 NO a and place, end due	PERFOR 1 YES 2 1 YES 2 Other (Specify) 2ad. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(e) and man	NO NJURY OCCUR	COMO OF C	ABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 NO NO Number,					
PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	CONTRIBUTE TO MOSPITAL: 1 Ninpatient 2 = ER/Or 20a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)	CAUSE OF Interior 3 DOA Y 28b. Tilk IN. RY — At home, farm,	DEATH 26. PI OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 street, lactory, office	/ES NO LACE OF DEATH (Che No 5 Residence IVRY AT IVRY YES 2 NO a and place, end due	PERFOR 1 YES 2 1 YES 2 Other (Specify) 2ed. DESCRIBE HOW II 281. LOCATION (Street e City or Town, State) to the cause(e) and man time, date and place, en	NO NJURY OCCUR	AMAR COMMON OF C	ABLE PRIOR TO PLETION OF CAUSE FEATH? YES 2 NO Number, manner as stated.					
E COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	CONTRIBUTE TO MOSPITAL: 1 Ninpatient 2 = ER/O 20a. DATE OF INJUR (Month, Day, Year 20a. PLACE OF INJU building, etc. (S) CIAN: To the bast of my knoth: On the basis of axaminar	CAUSE OF utpettent 3 DOA Y 28b. Tilk iN. RY — At home, farm, ecify) wiedge, death occurr ion and/or investigation	DEATH 26. PI OTHER: 4 Nursing Hom BE OF JURY M 1 street, lactory, office ed at the time, date on, in my opinion, c	/ES NO LACE OF DEATH (Che te 5 Residence IURY AT PRK7 YES 2 NO a a and place, end due leath occured at the	PERFOR 1 YES 2 1 YES 2 Other (Specify) 2ed. DESCRIBE HOW II 281. LOCATION (Street e City or Town, State) to the cause(e) and man time, date and place, en	NONJURY OCCUR	AMAR COMMON OF C	ABLE PRIOR TO PLETION OF CAUSE FEATH? YES 2 NO Number, manner as stated.					
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	CONTRIBUTE TO MOSPITAL: 1 Ninpatient 2 = ER/Or 20a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)	CAUSE OF utpettent 3 DOA Y 28b. Tilk iN. RY — At home, farm, ecify) wiedge, death occurr ion and/or investigation	DEATH 26. PI OTHER: 4 Nursing Hom BE OF JURY M 1 street, lactory, office ed at the time, date on, in my opinion, c	/ES NO LACE OF DEATH (Che te 5 Residence IURY AT PRK7 YES 2 NO a a and place, end due leath occured at the	PERFOR 1 YES 2 1 YES 2 Other (Specify) 2ed. DESCRIBE HOW II 281. LOCATION (Street e City or Town, State) to the cause(e) and man time, date and place, en	NONJURY OCCUR	AMAR COMMON OF C	ABLE PRIOR TO PLETION OF CAUSE FEATH? YES 2 NO Number, manner as stated.					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Yours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
TO	0 1	e fi	MP
-	-	7	-

5	1. DECEDENT'S NAME (First, A	fiddle, Last)			RTIF					2. DATE	REG. NO.		9515	3. TIME OF D	EATN
	Thomas	Osbo	rn	C	alho	un				MONTH	13	1	954	8:15	AN
18	4. SOCIAL SECURITY NUMBER 001-28-8112			SE (In yrs. lest 54	birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 3/1/1940			8. BIRTNPLACE (State or Foreign Country) Pennsylvania		
OR	9e. FACILITY NAME (If not insti 88 Little E	gypt Road				9b. CITY, TOWN DR LOCATION OF DEATN Elkton				9c. COUNTY DF DEATH			DEATN	III	
DIRECTOR	RESIDENCE OF DECE	Cecil			0.00		DR LOCAT	IDN						10d. INSIDE C	
		CECII			L	lkto								1 TYES 2	
FUNERAL	100. STREET AND NUMBER 88 Little Egypt Road					101. ZIP CODE 21921					10g. CITIZEN OF WHAT			WHAT COUNTRY	7
BY FUN	11. MARITAL STATUS 1 Never Married 23C3CM 3 Widowed 4 Divorce	erried FDF	DECEDENT EVE ICES? 1 1 Y ES, GIVE WAR OF	ES 20CON		13.		cify Cuba	n, Mexico	n, Puerto I	? (Specify Yea Rican, etc.)	or No-		E — American I ck, White, etc. clly: hite	ndien,
	15. DECEI	DENT'S EDUCATION		16a, DE0	CEDENT'S	USUAL C	CCUPATIC	iN		16b	KIND OF BUS	SINESS/INC	DUSTRY		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 5+ 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Professor — English Department									Unive					
N	17. FATHER'S NAME (First, Mid		18. MOTNER'S NAME (First,				MF (First)		,						
BE C	Robert Benn		Mary Elizab												
2	Judith A. Co		Wife								oer, City or Tow			1	
	20a. METHOD OF DISPOSITION 1-20 Buriel 2 Cremation 4 Donation 5 Other (5	N 3 🗆 Removal fron		20b. PLACE	AND DAT	E OF DIS	POSITION	(Name		DAT	E 20c. LO	CATION -	City or 1	iown, State elaware	
	21. SIGNATURE OF FUNERAL			/	0,		NAME AN				to N	ewall	, <i>D</i>	eraware	2
	Frank C.	C. Mayer,	yer,	A.		S	pice	r-Mu	llik	in Fi	ineral			nc. , DE 19	720
	23. PART I. Enter the dis	eases, or complica	itions that cou											Approx	imata
	IMMEDIATE CAUSE (Final disease or condition	ert fellure. List onl	y ona ceuse o lyocardí			tion									l Between and Death
	resulting in death)	•	DUE TO (DR /												
ATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	ate G	DUE TO (DR A	AS A CONSEC	QUENCE O	F):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	DUE TO (OR A	AS A CONSEC	QUENCE O	F):									
	PART II. Other significen	t conditiona contr	buting to deat	th but not r	resulting	In the u	nderlyln	cause	given in	Part I.	24a. WAS AN		24	Ib. WERE AUTOPS	
EDIC						+6				_	1 TYES			OF DEATH?	
¥ ï														1 TYES 2	□ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	HOSI	PITAL:			ОТНЕ	R:			heck only o					
ΙΥS	1 ☐ YES 2 ☑ NO		patient 2 ER/		28b. TIA		28c. INJ		esidence	8 Oth	F (Specify)	IN ILIDY OF	VI IDED		
ву Рн	1 Natural 5 P		(Month, Day, Ye			JURY M	WC	PRK?] NO	280. DE	SCHIBE NOW	INJURY OC	CORED		
0	3 Suicide 6 C	ould not be etermined	e. PLACE OF INJ building, etc. (IURY — At ho (Specify)	ome, farm,	street, fa	ctory, offic	•		28f. LOC City	ATION (Street or Town, State	and Numbe)	r or Rura	l Route Number,	
COMPLET	CONSUM ONLY	FYING PNYSICIAN: To												e(a) and manner	aa stated.
E CC		OF CERTIFICE	tou.		111		H			MPER 5				ED (Month, Day,)	

- 5865 Telegraph Road, Elkton, Maryland 21921

PERSON WND COMPLETED CAUSE DF DEATN (ITEM 27) (Type, Print)

Pulia Davidson

32. REGISTRAR'S SIGNATURE

Robert L. Smith, M.D.

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

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y the	moval.
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After this certaincate has been signed by the attending physician and completely filled in by the funeral directs	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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ATTEL	death

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
	Lynn Beasley D	ineen	een				A AE	0232 A M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	NRTHPLACE (State or Foreign			
	099 44 9149	1 M 2 XF 45	YRS.	1 - 1 - 1		10-05-48		ngland			
(C)	9a. FACILITY NAME (If not institution, give			Berlin	R LOCATION OF D	EATH	9c. COUNTY	OF OEATH			
DIRECTOR	Atlantic Genera		Worce	ster							
1 2	10a. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY			
	Texas Gra	yson	Whi	tesboro				1 X YES 2 NO			
\¥	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	1309 Sherman D				76273		USA				
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO			NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗌 YES	2 ND Specif	y :		Specify: /hite			
	15. DECEDENT'S EDU (Specify only highest grade	JCATION	18a. DECEDENT'S	JSUAL OCCUPATIO	N	16b. KIND OF BUS					
1 5	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mos retired.)	st of working						
COMPLETED	12		Nurse			medical	nursi	ng			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)				
BE	John Dorian He	nry Beasley	401 41411 1110		Alice V						
2	Julie McLoughlin	n				Route Number, City or Town	n, State, Zip Code	0)			
8	20a. METHOD OF DISPOSITION	20	D PLACE AND DATE O	n, Engl	me of	DATE: 200 100	CATION — City (or Town State			
	1 Donation 5 Other (Specify)	noval from State	netery, crematory or occape Hend	place)	ematory	5/3 8/9 W	nkford				
	21. SIGNATURE OF PYNERAUSERVICE LI	CENSEE	Japa Helli	22. NAME AN	D ADDRESS OF FA	CILITY					
E KAR	N. Sin	Buters					108 W	illiams Street			
TO BE	23. PART I. Enter the diseases, or	complications that cause	d the death. Do n	ot anter the mod	n, Md.	LIBII	ratory screet	Approximate			
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
2	IMMEDIATE CAUSE (Final disease Dr condition resulting in death) a. Myo cercolad In (rockhen kullip IV) Out-to(or As A CONSEDUENCE DF):										
NA GILL	resolving in death)	OUE TO (OR AS	A CONSEDUENCE DE):	0		9				
N N	Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF): Underly Coloney automy discerse										
ATIO	ti any, leading to immediate cause. Enter UNDERLYING										
FIG	CAUSE (Disesse or injury that initiated events	C. OUE TO (DR AS	A CONSEDUENCE OF	1:							
CERTIFICATION	resulting in death) LAST	4						İ			
	DART II Other claufflood and dist	u.									
1 75	PART II. Other significant condition	is contributing to dasth I	but not resulting li	tha underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDIC						1 YES 2	Z/no	OMPLETION OF CAUSE DF DEATH?			
Σ						_		1 TYES 2 TO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	ant ant and					
SIC	EXAMINER?	HOSPITAL		OTHER:		6 Other (Specify)					
PHY S	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURE	D			
ВУР	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	JUNI		RK7 ES 2 ND						
-	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	/ At home, farm, st	reet, factory, office		281. LOCATION (Street a	nd Number or Ru	ral Route Number,			
3 11	4 Homicide determined					City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only	ICIAN: To the best of my know	rledge, death occurred	f at the time, data	and place, and due	to the cause(a) and man	ner as stated.				
S S	one) 2 MEDICAL EXAMINE	ER: On the basis of exemination	on and/or investigation	, in my opinion, de	ath occured at the	time, data and place, and	due to the cau	se(a) and manner as stated.			
BE	290. SIGNATURE AND TITLE OF CERTIFIE	ma			29c. LICENSE NUI		29d, DATE SIG	NED (Month, Day Year)			
TO E	June June	460			H43	617	> 5	126/94			
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)		- 0 0		,			
	50 min () 1500		9222	120-1	2M.	On (4001)	. MAA-	21811			
	Scott Susen	F 32. REGISTRAR'S SIGN	9733	Heal	Thun	n Berl	a Mh	21811			

...

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.						
		t. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	1.00	3. TIME OF DEATH				
		Naomi Ruth Downs	June 18.19		1:25 P M				
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bill Co	RTHPLACE (State or Foreign untry)				
pin		212-24-7291 1 N 2 X F 90 YAS.	Jul. 17, 190		ryland				
3 should	E	98. FACILITY NAME (If not Institution, give street end number) 96. COUNTY OF DE Washington County Hospital Hagerstown WASHING							
2,	СТОВ	Washington County Hospital Hagerstown WASHING RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. COUNTY							
(4)	DIRE	Maryland Washington Williamsport			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
(L	.	100. STREET AND NUMBER 101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
	FUNERA	17024 Virginia Ave. 21795		USA					
No. of the last	Ē	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPA 1 Never Married 12. WAS DECENDENT OF HISPA 14. WAS DECENDENT OF HISPA 15. WAS DECENDENT OF HISPA 16. WAS DECENDENT OF HISPA 17. WAS DECENDENT OF HISPA 18. WAS DECENDENT OF HISPA 19		or No — 14. R	ACE — American Indian, tack, White, atc.				
	B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES t YES 2 NO Speci		Sį	White				
LAND 21215-Up the hospital or attending detached for use as the once.	G	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSI	MESS/INDUSTR					
27 24 10 10 10	핕	Elamentary/Secondary (0-12) Coffege (1-4 or 5+) iffe. Do NOT use retired.)							
AND he hospit detached once.	COMPLET	12 4 Teacher	Educati						
. (1)		Daniel Da	AME (First, Middle, Meiden S						
MAHY retained by 5 should by notified a	BE	ROSS Wolford Downs Emn 198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Plural			Hetzer				
	5	Glendora Downs 17024 Virginia Ave							
ME, may be f, page		20a, METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of	DATE 200 LOC	ATION - Chy or	Town State				
MOK age 6 ma director, p		4 Donation 5 Other (Specify) Riverview Cemetery June 2	1,1994 Will	liamspo	rt.MD 21795				
BALIMORE, after death. Page 6 may be after the tuneral director, page moval. ical examiner must be is		22. NAME AND ADDRESS DF FA	ACILITY						
BAI ter dea wal.		OSBORNE FUNE P.O. Box # 348 23. PART LEnter the diseases, or complications that caused the death. Do not anter the mode of dying, sur	RAL HOME	ort MD	21705				
er la		23. PART I. Enfor the diseases, of complications that caused the death. Do not anter the mode of dying, sur shock or heart failure. List pnly one cause on each line.	h as cardiac or reapire	atory srrest,	Approximate interval Batween				
F 9 F		IMMEDIATE CAUSE (Final disease or condition	1. 7		Onset and Death				
ted with completely fille ial, cremation, event, the		disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):	. Marca	un	(min)				
D 2 2 2	z	Chevilesis							
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
cate be onlysicial e prior er trau	CA	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):							
S, F.O. BK death certificate a attending physic ental Hygiene pri ary, or other tr		that initiated eventa BUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST							
the death y the atten of Memtal injury, o	- 4	d							
A B G H	SAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
signed Health a	EDIC	- stevel melling	t 🗆 YES 2 [HO	OF DEATH?				
W requires been sign of Heal	Σ		_		1 YES 2 NO				
AL has ber Dep	HAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C	heck only one)						
SICIAN: The certificate he sta	SICI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence	8 Other (Specily)						
PHYSIC this cer with th	PHY	27. MANNED OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED					
DING PHYS After this death with	В	2 Accident Investigation " 1 YES 2 ND							
	ED	3 Suicide 6 Could not be 4 Homicide datarmined 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify)	26f. LOCATION (Street an City or Town, State)	nd Number or Flur	al Route Number,				
OR ATTEN DIRECTOR: hours after (tem 28 ii	LET	29e. CERTIFIER , TOPRTIFYING PHYSICIAN: To the Asst of the knowledge death occurred at the time and allowed the second at the time and allowed the second at the time and allowed the second at the time and allowed the second at the time and allowed the second at the time and allowed the second at	to the entertaint of the						
4 4 2 E	MPL	Check only 1 CERTIFYING PHYSICIAN: To the heat of my knowledge, death occurred at the time, data and place, and du one) 2 MEDICAL EXAMINER: Of the basis of examination and/or investigation, in my opinion, death occurred at the			e(s) and mannar as stated.				
THE HOSPI THE FUNER filed within PORTANT:	8	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU			IED (Month, Day, Year)				
TO THE TO THE be filed) BE	Lude A Un A M (DZ)	553	1	1784				
0=	유	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	. 1						
		(-, Lt. Kase !!!) i'y towell ke	Hecer	- tow	n had				
_		31. DATE FILED (Month, Day, Year) 32. REG AND SHIPMOUND STANDARD	7						

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		fille	he
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train has find within 70 hours after duality within 170 hours after duality within 170 hours after duality with the State Dear of Health and Mental Hydiere prior to burial cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A STATE

BALTIMORE, MARYLAND 21215-0020

Mary Cleo Ditto						2. DATE MONT	4 .		/EAR	10:00 A.
4. SOCIAL SECURITY NUMBER 212-14-7150A	5. SEX 1 M 2 F	8. AGE (In yrs. lee! birthd 81 YR:	MONTHS	R 1 YEAR DAYS	IF UNDER 24 HRS	7. DATE	OF BIRTH	8		CE (State or Foreign
9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								Y OF DEATH		
100. STATE 10b. COUNTY	сту, тоши		town			JIA.		LIMITS?		
17817 Garden Spor		10f. ZIP CODE 21740				10g. CITIZEN OF WHAT COUNTRY				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		1/				Specify:	American Indian, lite, etc.			
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		IIIe. Do NO	d of work done OT use retired.)	during mo	st of working	16	L KIND OF BUS	iness/indus		
Nursing Aide Hospital 17. FATHER'S NAME (First, Middle, Leat) Lester C. Holmes 18. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl L. Metz										
19a. INFORMANT'S NAME (Type/Print) Lester R. Ditto		195. MAIL 1781	ING ADDRES	s (Street e	ond Number or Au Spot Dr	. Hagi	noor, City or Town Erstowy	n, Stem, Zip C	21740	
20c. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of September 20c. LOCATION — City or Town, State of September 20c.								State 1d.		
22. NAME AND ADDRESS OF FACILITY Davis Funeral Home 12525 Bradbury Ave. Smithsburg, Md. 21783										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	g to Immediate UNDERLYING									
CAUSE (Disease or Injury that initiated events resulting in death) LAST										
Chronic OBSTRUCTIVE PULMONERY DISEASE 1 YES 2 NO							COL	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO		
(hoonic 0		YAMINED?								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH		Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending				R: rsing Hom 28c. INJ WO	e Pesiden			NJURY OCCU	RED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 Inpe	INJURY 28b.	TIME OF INJURY	Pt: rsing Hom 28c. INJ WO 1 1	Residen URY AT PRK7 YES 2 NO	28d. DE				Number,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Medical

32. MGISTRAR'S SIGNATURE

KARL

31. DATE FILED (Month, Day, Year)

P-

JUN 2 1 1994

RIGHLE

Rd

site 100

MO 21742

Hegerstaun

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frouts after death. Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be fled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial-tran , or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

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1	STATE REGISTRAR
r	1. DECEDENT'S NA
ı	RETTY

	REGISTRAR		CE	ERTIF	ICATE	OF D	EATH	F	EG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)				1			2. DATE OF	DEATH		VEAR	3. TIME OF DEATH
- "	BETTY	ANN			1) A-1	LLA	4m		25	199	HEAR	0355 M
8	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER 1 Y		UNDER 24 HRS.	7. DATE OF I	HTH		8. BIRTI	IPLACE (State or Foreign
ď	577-34-3725	1 M 2 🔀 F	66	YRS.	MONTHS D	MYS HO	OURS MIN.	July 2		7	Count	shington, DC
	9e. FACILITY NAME (If not institution, give str	eet end number)			9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN							
DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO								CO			
5	RESIDENCE OF DECEDENT											
					Y, TOWN OR I							10d. INSIDE CITY LIMITS?
	Maryland Wi	comico			Salisb							1 TES 2 X NO
MA I							CODE					WHAT COUNTRY?
W	31900 Shavox Rd.						1801				JSA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 XMerried	12. WAS DECEDENT E FORCES? 1			13. WA	S DECEND es, specify	DENT OF HISPAN y Cuban, Mexica	IIC ORIGIN? (S n, Puerto Rice	pecify Yes n, atc.)	or No-	14. RAC Blac	E — Americen Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 [YES 2	NO Specify	<i>/</i> :			Spec	My:
	15. DECEDENT'S EDUC	ATION	160 OF	CEDENT'S	USUAL OCCU	IDATION		T see vo	ID OF BUS	MIFOC III	Whit	е
COMPLETED	(Specify only highest grade of	completed)	(G	ive kind of v Do NOT us	vork done duri	ing most of	f working	TOU. KIN	ib or bos	INC33/IN	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Acc	count	ant			R.	ankin			
S O	17. FATNER'S NAME (First, Middle, Last)		1100	Journe	anc	18	. MOTHER'S NA					
	Warren Clifford C	rump					Mary Gr					
BE	19e. INFORMANT'S NAME (Type/Print)	z G.mp	191	MAILING	ADDRESS /S		Number or Rural F			_	n Codel	
임	Donald G. Dallam										,	
	20e. METHOD OF DISPOSITION		20b. PLACE				d., Sal					Ot-A-
	1 X Suriel 2 Cremetion 3 Remo	val from State	cametery cre	metory or of	ther place!		eterv	DATE 20c. LOCATION — City or Town, State 6/9 Suitland, MD				
- 1	21. SIGNATURE OF FISHERAL SERVICE LICE	Mass /	I washiin	gcon r			DORESS OF FA		Su	ıtıa	na,	MD
- 1	6.1601	1 111			H	lollo	way Fu	neral	Home			
	1911 Jul 10	relloce	cep	,	5	01 S	Snow Hi	11 Rd.	, Sa	lisb	ury,	MD 21801
	PART I. Enter the dieeeses, or co	ist only one cause	eused the de	ath. Do n	ot anter th	e moda	of dying, suci	h ss cardiac	or reepir	ratory ar	reat,	Approximate
- 1											Onset and Death	
	disease or condition resulting in death)	Kesy	mate	7	Pau	lune						
	Sequentially list conditions. Due to for as a consequence of: Distriction pulmonary discolar 44yrs Sequentially list conditions.											
Z	Sequantially list conditions, 6.	Chron	ne.	0 15	mol	we	jue	mon	~	NO	be	441
Ĕl	if any, leading to immediate	DUE TO (OF	AS A CONSEC	DUENCE OF	F):							
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury											
	that initiated evants DUE TO (OR AS A CONSEQUENCE OF):											
<u> </u>	resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY FINDINGS											
<u>ک</u>							(50)		PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1 U YES 3 NO							OF DEATN?				
2												1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. PLACE	E OF DEATH (Chi	ack only one)				
200	EXAMINER?	HOSPITAL:	D/Outpetlant 2	□ po4	OTHER:		_ 000000	111 - 1-15	IIG., I			
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	26a. DATE OF IN.		26b, TIM		g Nome 5	Residence	28d. DESCRI		LIURY OC	CURED	
	1) Natural 5 Pending	(Month, Day,			URY	WORK?		202.02.00	DE 11011 III		,001125	
B	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF II	JURY — At ho	me, term, s			- 0	261. LOCATIO	N (Street e	nd Numbe	r or Rural	Route Number
	4 Nomicide 8 Could not be determined	. (Specify)		,	,		City or To	wn, Stete)			Total Harrison,	
COMPLETED	290. CERTIFIER								_			
<u> </u>	(Check only	IAN: To the best of my										
8	2 MEDICAL EXAMINER	: On the beele of exem	ination end/or i	Investigatio	n, in my opin	ion, death	occured at the	time, date end	place, and	d due to t	he ceuse(e) end manner ee stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIED	200 .) /	no	1	29	c. LICENSE NUN	ABER	,	29d. DA	TE SIGNED	(Month, Day, Year)
2	c 80	grow	/ '				02	32/9			6-5	-94
-	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)							-/
	Charles Hay	nan M	1),									
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE	1.11								
- 31	WIND U.V. 1225	THUM WILL	WALKEL IN	WULLE .								

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BALTIMORE, MARYLAND 21215-0020

Amended	Item	#4	WCHD	6/	21/94
FOR STATE			STATE	0F	MARYLA
REGISTRAR					

	1 - STATE REGISTRAR	SIAIE UP N	TARTLAND / DEP CERT	IFICAT				MENTA	L HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	DAY	MEAR	3. TIME OF DEATH
	GEOFFREY	DERRICI			KSON			MA			994	2130 м
	4. SOCIAL SECURITY NUMBER 222-64-4309 900-19-9689	5. SEX 1 M 2 □ F	6. AGE (In yrs. lest birthd	MONTHS	DAYS	IF UNDER	24 HRS.	(Mon	OF BIRTH th, Day, Year)		Count	
	9s. FACILITY NAME (If not institution, give		17 YR		TV TOUR	OR LOCATIO			-18-7			ford, DE.
E	PENINSULA REGION		T CENTRED				ON OF DE	ATH			NTY OF E	
5	RESIDENCE OF DECEDENT									COMI	CO	
DIRECTOR	13 str 2 5	10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY LIMITS?
	Delaware Susse	3X	Rel	nobotl								14 YES 2 NO
FUNERAL		Henlopen	Acres			1. ZIP CODE 1997 1	E			10g. CIT	USA	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13	. WAS DE	CENDENT O	F HISPAN	IC ORIGI	N? (Specify Y	es or No—		E — American Indian.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 NO		If yes, s	ecify Cube	n, Mexicar Specify	n, Puerto	Rican, etc.)		Spec	k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDEN	T'S USUAL of work done	OCCUPATI	ON		160	. KIND OF BI	JSINESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do NO	T use retired.)	ost or wonan	g					
M	17. FATHER'S NAME (First, Middle, Last)		Sti	ident						gh Sc	hool	
	Robert W. Derrick	cson							Middle, Maide E. Dou			
BE	19s. INFORMANT'S NAME (Type/Print)	toon	19b. MAIL	ING ADDRES	SS (Street				ber, City or To	_	n Codel	
2	Robert W. Derrick	kson										each, DE. 19971
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ren	noval from State	20b, PLACE AND DA	TE OF DISPO	SITION/N	ame of		DA1	E / 20c. L	OCATION —	City or To	own, State
	4 Donation 5 Other (Specify)		Epworth N					-	Reho	both E	Beach,	Delaware
ļ	21. SIGNATURE OF FONERAL SERVICE O	/	0//	22	. NAME A	ND ADDRES	S OF FAC		Lewes,	Delawa	re 19	958
	Stuth	or actis	elf	P	arsel	1, Atk	ins 8	Lod	ge Fune	ral Ho	mes,	Inc.
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart failure. List only one cause on sech line. Approximate interval Batween Once and Posts											
	IMMEDIATE CAUSE (Final disease or condition										Onset and Death	
	resulting in death)		HEAD TRAUM OR AS A CONSEQUENCE		_							13 HOURS
Z	Sequentially list conditions,	AUTO AC										
ATK	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUENCE	OF):								
E I	CAUSE (Disease or Injury that initiated events	c. DUE TO	OR AS A CONSEQUENCE	OF):								
CERTIFICATION	resulting in deeth) LAST	d										
	PART II. Other significent condition	ns contributing to	death but not moulting	o in the u	nderivin	COURS O	lven In E	Dort I	24a. WAS AI	N ALCTORON	100	MITTER METABOLISM
ICAL	MULTIPLE TRAUMA			y iii tiic u	· ideityiii	a conse à	Prest III P	01 L I.		RMED?	240.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_		- 1	1 [] YES	2 NO		OF DEATH?
PHYSICIAN: MED								-				1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DE	EATH (Che	ck only o	ne)			
YSI	1 X YES 2 NO	1 X Inpatient 2 🗆	ER/Outpatient 3 DO/	4 - Nu		e 5 🗆 Res	sidence 6	3 ☐ Othe	er (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF I	y. Year)	INJURY		RK?			SCRIBE HOW			
B	2 Accident Investigation 3 Suicide 6 Could not be		1994 08 1994 08 1994 08		1 U		NO		VER-2			COLLISION
COMPLETED	4 Homicide 8 Could not be determined	building, e	Mc. (Specify) IS113 AT JA			_		City	or Town, State HOPVII)		
P.E.	296. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of i	my knowledge, death occ	urred at the	time, date	and place,	and due t	_				
O	one) 2 MEDICAL EXAMINE) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIÇE	NSE NUMI	BER		29d. DAT	E SIGNED	(Month, Day, Year)
10 B	John 66 Si	Merely	M. DE	PUTY	M.E.	DO3	3599			► M	AY 25	5, 1994
	30. MARE AND ADDRESS OF PERSON WH											
	31. DATE FILED (Month, Day, Year)	M.D., 1	08 PINE BL	UFF R	OAD,	SALI	SBUF	RY,	MARYLA	ND,	2180	<u>l</u>
			and Rad 1	,								

Com.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Carl Rich	ard Darling	g			June 11,	1994 YEA	2012 M		
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DAYS OF DISTRIC	- Tab	IRTHPLACE (State or Foreign		
		1x5x M 2 □ F 77	7 YRS.	MONTHS DAYS	HOURS MIN.	May 27, 19)17 W	ash. D. C.		
~	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF									
CTO	Frederick Memoria	1 Hospital			ederick		Fre	ederick		
DIRECTOR		derick	10c. CIT	V, TOWN OR LOCA Middle				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4006 Valley View			10	21769)	U.S.	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married XXX Married 3 Wildowed 4 Divorced	IN U.S. ARMED 2 NO DATES	If yes, sp		NC ORIGIN? (Specify Yea n, Puarto Rican, etc.)					
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION produced		USUAL OCCUPATION		16b, KIND OF BUS	SINESS/INDUSTR			
COMPLETED		College (1-4 or 5+)	nursery	· ·	st or working	retai	i 1			
M	17. FATHER'S NAME (First, Middle, Last)		Harbery	IIICII I	15 MOTHER'S NAI	ME (First, Middle, Maiden				
BE C	Richard Darlin	g				eth Dam	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town				
۴	Martin E. Darling		4006	Valley V	iew Rd.,	Middletow				
	20a. METHOD OF DISPOSITION DO Burial 2 Cremation 3 Remov. Donation 5 Other (Specify)	al from State	b. PLACE AND DATE (metery cremetory or o LUCHERAN	projectery Cemetery	me of	6/14 Midd	cation – city o			
	21. PRINTING OF FUNERAL SERVICE LIDER	A C		Dona]	d B. Tho	mpson Fune	eral Ho	ne		
	23. ART Enter the diseases, or concheck, or heert fellure. List immediate CAUSE (Final disease or condition resulting in death) e.	st only one ceuee on	each ilne.	not enter the mo	de of dying, suct	. Middlet h as cerdiec or reepi	retory errest,	Approximate intervel Batween Onset and Daath		
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST e. ACM MICHAY COLUMN TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
DICAL C	PERFORMED? AMALL							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
밀			C			1 YES 2	□ NO	OF GEATH?		
AN	DID TOBACCO USE CO	MIKIBUTE TO	CAUSE OF		ACE OF DEATH (Chi					
SIC	EXAMINER?	HOSPITAL:	Instinct 3 🗆 DOs	OTHER:		V RO-DO-NET				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	RK?	28d, DESCRIBE HOW II	NJURY OCCURE	D		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, encify)		/ES 2 NO	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E	Day OF STATES									
COMPLETED	(Check only 1 CERTIFYING PHYSICI							use(s) and manner as stated.		
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	11 -	110		29c. LICENSE NUM	IBER 7 %	29d. DATE SIG	NEO (Month, Day, Year)		
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print)	1/ 1/ 1	/ 0		1) -1-1		
!	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE POLLS	24						
	HIM 2 0 1994			71						

BALTIMORE, MARYLAND 212 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or 1 THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached or the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

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DHMH-16 Rev 1/89

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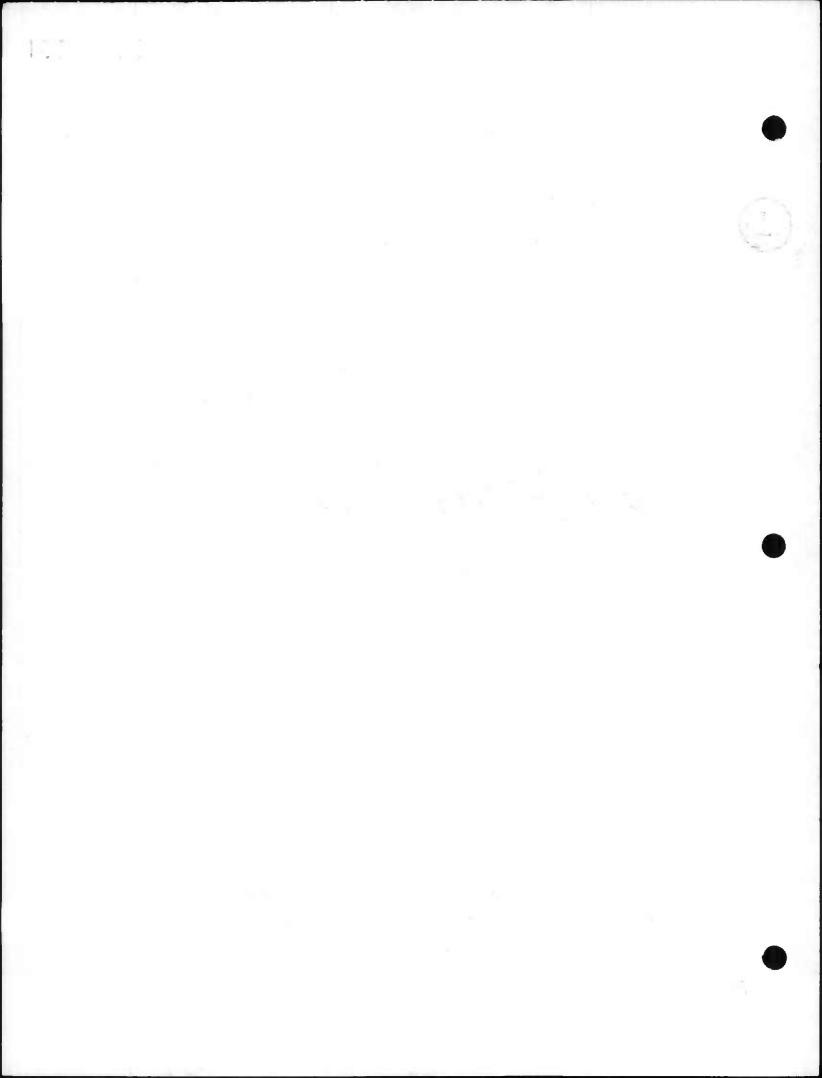
TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JUN 2 2 1994

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	IMENT OF HEALTH A	ND MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	EDITH WINONA			2. DA	TE OF DEATH	W V	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 242-22-8572	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	HRS. 7. DAT	TE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country) North Carolina	
FOR	90. FACILITY NAME (If not inetitution, give 13615 Motter Stat			96. CITY, TOWN OR LOCATION Rocky Ridge	DF DEATN		9c, COUNTY		
DIRECTOR	10e. STATE 10b. COUNT	v erick	1,	town on Location				10d. INSIDE CITY LIMITS? 1 YES 2 ND	
FUNERAL	104. STREET AND NUMBER 13615 Motter Stat	ion Road		10f. ZIP CDDE 10g. CITIZEN DF WHAT CO					
₽¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF It yee, specify Cuben, 1 YES 2 NO	Maxican, Puart	BIN? (Specify Yes o Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, stc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+) 1 year	(Give kind of we life, Do NOT use	USUAL OCCUPATION ork done during most of working redred.) Manager	1	6b. KIND OF BUS	INESS/INDUS	TRY	
NO	17. FATNER'S NAME (First, Middle, Last)	1 year	Netall		D'S NAME /Fi-	, Middle, Malden	Summer!		
_	William Garfield	Gibson				la Odel		ormille	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number of					
5	Barbara D. Beard			Motter Statio					
	20g, METHOD OF DISPOSITION 1 (A Burtis) 2 (Cremetton 3 (Flem 4 (C) Donation 5 (C) Other (Specify)	odvat from State G1		F DISPOSITION /Name of	0/	20c. LOC	CATION — City	or Town, State o, Pennsylvani	
	21. SIGNATURE OF FUNERAL SERVICE LY	Hailey	1	ROBERT E. 1	OF FACILITY DAILEY AIN ST	& SON	FUNERA	L HOMES, P.A.	
	23. PAPT I. Enter the discess, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Engles	The death. Do not ach line.	ot enter the mode of dying	, such as ca	irdiac or respir	ratory arrest	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	4.	CONSEQUENCE OF)						
씽		d							
PHYSICIAN: MEDICAL	PART II. Other significant condition	is contributing to death b	ut not resulting in	the underlying cause giv	en in Part I.	244. WAS AN / PERFORI 1 PES 2	MED?	24b. WERE AUTOPSY PINDINGS AMALABLE PROOF TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-	26. PLACE OF DEA	TH (Check only	one)			
YSI	1 YES 2 166	1 Inpellent 2 II ER/Outp		OTHER:	tence 6 🗆 Ot	her (Specify)			
ву Рн	27. MANHER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s, DATE OF INJUNY (MOHTH, Day, Year)	26b. TIME INJU	M I YES 2		EŞCЯIBE HOW IN	HURY OCCUR	ED	
B	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	9)		, o	ly or Town, State)		Pursif Acute Moniber	
COMPLET		CIAN: To the best of my knowl R: On the basis of examination						suse(s) and manner as stated.	
TO BE (296. SIGNATURE AND TITLE OF CENTIFIE	Him	h	10 2	SE NUMBER			GNED (Month, Day, Year) 21/94	
_	30. NAME AND ADDRESS OF PERSON WH Lloyd E. Halvors				k, Mar	yland 2	21701		



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	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	period as lien 22 shours and interest the second the smallest assembles as a second as a second as a second as

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DIRECTOR:

FUNERAL within 72 h

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31. DATE FILED (Month

151994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 5:00 A Edna F. Ebersole June 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH April 25, 1916 213-24-9473 1 - M 2 XF Pennsylvania 78 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Washington County Hospital Hagerstown RESIDENCE OF DECEDENT tob. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Md. Hagerstown 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A 21904 Leitersburg Pike 21742 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO t Never Married 2 Married BY 1 YES 2 NO Specify: om white 3 Widowed 4 Divorced COMPLETED 18s. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elamentary/Secondary (0-12) College (1-4 or 5+) Homemaker Home. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary E. Ebersole Abram B. Frey Jr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David H. Ebersole 21904 Leitersburg Pike Hagerstown, Md. 21742 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Burtal 2 0 Cremetion 3 - Re Mennonite Cem. 6-17-94 Hagerstown, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave. Davis Funeral Home enno Smithsburg. Md. 21783 23. PART I. Enter the diaeeses, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ ONGESTIVE HEARS resulting in death) PHEART BLOCK - PACEMAKER CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: t YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation ВУ 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 49 COMPLETED 6 Could not be 28 4 Homicide Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: 1 29d. DATE SIGNED (Month, Day, Year)

6/14/64 29th LICENSE NUMBER BE

ED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

BALLIMORE, MARTLAND 21213-0020	Amenus after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the hurial-trans-	on, or removal.	he medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transfer	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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		FOR STATE REGISTRAR		STATE OF M	MARYLAND	/ DEPAR	RTMEN	T OF H	EALTH DEA	AND I	MENTAL	HYGIEI				
		1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH	-		3. TIME OF DEAT	н
		Ada Alv	erta	EDWAR	DS						Монтн		1994	YEAR		
		4. SOCIAL SECURITY NUMBE	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.				a BIRTHI	3:00] PLACE (State or For	
		236-72-7066	YRS.	MONTHS	DAYS				Day, Year)	0.7	Country	"				
	į	9a. FACILITY NAME (If not ins		9h CIT	Y TOWN (DR LOCATI	May 4,				West NTY OF DE	Virgin:	ıa			
, 6	Ĭ	311 North F					"")akla		EATH					
	5	RESIDENCE OF DEC		DETECT					Jakia	anu				Garre	tt	
	DIMECTOR	10s. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
		WV		Presto	n			Auro	ca						LIMITS?	NO
1	LONEHAL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g, CIT	IZEN OF W	HAT COUNTRY?	-
	L L	Rt. 1, Box	20							26705	5		1	USA		
	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC				(Specify Y	n or No		— American India	-
		1 Never Merried 2 1		FORCES? 1 IF YES, GIVE W	YES 2	ўио		If yes, sp	ecify Cubs	n, Maxica	n, Puarto R	ican, etc.)	0, 110-	Black,	White, atc.	п,
	2	3 🔀 Widowed 4 🗌 Divor	ced					1 1 123	2 🙀 NO	Speciny	,			Specify	White	
COMP. ETED	3	15. DECE	DENT'S EDUC	ATION	16a. D	ECEDENT'S	USUAL C	OCCUPATIO)N		16b.	KIND OF BU	JSINESS/INC	DUSTRY		
1	4	Elementary/Secondary (0-		College (1-4 or 6+		Give kind of a le. Do NOT us	work done se retired.)	during mo	st of working	ng						
, 9		8th					Hou	sewi	fe			н	ome			
	5	17. FATHER'S NAME (First, Mid	idie, Last)						18. MOTI	HER'S NAI	ME (First, M	iddle, Malder				
100		William		Har	desty					Cyre				Τ	antz	
		19a. INFORMANT'S NAME (Typ	oe/Print)			9b. MAILING	ADDRES	\$ (Street a	nd Number			or City or To	um Ctete 7to		all L Z	_
5	-	Eve B. Edwar	rds									k, MD				
		20a. METHOD OF DISPOSITIO	ON		20h PLACE	AND DATE				Lake	DATE					
		1 💢 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (3 🗆 Ramo	vel from State	cemetery, c	ple R	ther place	Cor	1001		5/2	100	OCATION —		1. 112.1	
		21. SIGNATURE OF FUNERAL		NSEE N	DLEI	ipre i		NAME AN				II Au	rora,	wes	t Virgin	ııa
		D. 00	1 0	12, 1							al H	ome				
) Jak	en A	White I			1:	32 S.	Sec	ond	St.,	0ak1	and,	MD :	21550	
	1	23. PART I. Enter the dis	eases, or co	omplications that	coused the d	leeth. Do n	ot ente	r the mo	de of dyl	ng, suci	h as cerdi	ac or resp	iretory srr	rest,	Approxima	le
	Ì	IMMEDIATE CAUSE (Fina		ist only one ceu	ee on eech ilu										Onset end	
		disease or condition resulting in desth)		arter	rioscle	cotio	hoa	~+ ~	1.000	~~	C/D M	T				
	ı	Tooling III Gootily		DUE TO	OR AS A CONS	OUENCE OF	nea Trea	LL U	Loca	5e .	5/ P 1.	1.1.			years	
2																
1 5	2	Sequentielly list condition if any, leading to immediate		DUE TO	OR AS A CONSE	OUENCE OF	7:								+	
FRTIFICATION		ceuse. Enter UNDERLYIN CAUSE (Disesse or Injury														
<u> </u>		that initisted eventa		DUE TO	OR AS A CONSE	OUENCE OF):								1	
[reaulting in death) LAST	d.													
C		DART II Other elections													1	
MEDICAL		PART II. Other significent	conditions	contributing to	deeth but not	resulting i	n the u	nderlying	ceuse g	lven in i	Part I.	PERFO			VERE AUTOPSY FIN	
1 2												1 YES			COMPLETION OF CA	
2															YES 2 -NO	-
											_					
SICIAN		25. WAS CASE REFERRED TO EXAMINER?						28. PL	ACE OF DI	EATH (Che	ck only one)					_
Sign		1 YES 2 10		HOSPITAL: 1 Inputiont 2 I	ER/Outpatient	3 🗆 DOA	OTHE	R: sing Home	5 □ Ra	sidence (Other	Specify) (medi	ist a	F.K.	
PHY		27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM	E OF	28c. INJU	JRY AT				NJURY OCC	URED		-
BY	No.	2 Accident	ending veatigation	(MOINI, Da	y, rear;	INJ	M	1 Y	RK7 ES 2 [NO						
	- 11		ould not be	28e. PLACE OF	INJURY — At h	ome, farm, a	treat, tec	tory, offica			26f. LOCAT	ION (Street	and Number	or Rural Ro	ute Number.	
TED			termined	building, a	etc. (Specify)						City or	Town, State,			314111	
OMPLET		29a. CERTIFIER	YING PHYSIC	IAN: To the heat =4:	mu knowie i	- oth	4 4 4									_
M		(Check only one) 2 MEDIC	AL EXAMINED	IAN: To the best of a	mination and/	Impostant	u at the t	ime, data	and placa,	and dua f	to the cause	(a) and me	nner aa atate	ed.		
8				On the beals of ax		veatigation	n, in my c	apinion, de	atn occur	ed at the t	ime, date a	nd place, ar	nd due to the	e cause(s)	and manner as ata	ted.
H		296. SIGNATURE AND TITLE O	F CERTIFIER	1,					29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (Month, Day, Year)	
0	- 11		110	um					170	57:	23		1	5/17	194	
	- 11	30. NAME AND ADDRESS OF F	ERSON WHO	COMPLETED CAUS	E OF DEATH //TE	M 27) (Type	Drint)				-			-	-	-

Thomas G. Johnson, M.D. 311 N. Fourth St Oakland, MD

31. DATE FILED (MORITH, Day, Year)

MAY 1 9 1994

Julia Shurdian Ranfall

and Kindle

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LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct
9	10
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EN	B.
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8	RE
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	1. DECEDENT'S NAME (First	, Middle, Last)			CIVIII	ICATE	. 01	DEA		2. DATE	REG. N	0.		3. TIME O	E DEATH
		Edvthe	Virgin:	ia Flee	twoo	7				May		199	YEAR		30 A
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTH		HPLACE (Sta	
	217-03-22	01	1 🗆 M 2 🖵 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		13, Day, Year)	1917	Nev	w) Jers	sev
	9a. FACILITY NAME (If not in	nstitution, give	street and number)			9b. CITY,	TOWN (OR LOCAT	ION OF D				NTY OF C	EATH	
6	302 F16	etwoo	d Road			Denton						Ca	roli:	ne	
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIC	E CITY
	Maryland		Carolin	ne	Denton									1 TYES	2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE							10g. CIT	IZEN OF	WHAT COUN	TRY?
	302 F16	etwoo		NT EVER IN U.S. AF	21629 U.S.A. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE							_			
B	1 Never Married 2 3 Widowed 4 Dive		FORCES?	YES 2 X		If yes, specify Cuben, Maxican, Puerto Rican, etc.) I □ YES 2 □ NO Specify: CauCasi							2.		
		EDENT'S EDU		(0	live kind of	USUAL OC	CUPATIO	ON ost of world	ing	16b. KIND OF BUSINESS/INDUSTRY					
LET	Elementary/Secondary (I		College (1-4 or 8	100	. Do NOT u	se retired.)				D					
COMPL	12 HS grad		None		Adm	<u>inis</u>	trat		HED'C H	Business Services ME (First, Middle, Maiden Surname)					
_		orge	Homan					2,420	Edyt!		Kerr	n Sumame)			
SE	194. INFORMANT'S NAME (19	b. MAILING	ADDRESS	(Street a					own, State, Zi	Code)				
٩	Sylvia J. C	cross			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) PO Box 365, Denton, Maryland 21629										
	20a. METHOD OF DISPOSITION 1											own, State			
	4 🗓 Donation 🐠 🗎 Other	(Specify)				emete	_			15/2	25 De	enton	Mar	ry1and	f
	21. SIGNATURE OF FUNERIA	L BETWICE LI	CENSEE	m-				PUI			ne, P.	Α.			
_	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Ap														
	shock, or heart failure. Hat only one cause on each line.									inte	roximets rval Batw				
	iMMEDIATE CAUSE (Fir disease or condition	IMMEDIATE CAUSE (Final disease or condition						10-	1 40	MA	LA.			Ons	et and De
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) SCMBMIC (ACDIDMY SPATMY DUE TO (GR AS A CONSEQUENCE OF):										147,				
_		AM ARRAY DISTANT						(2)			14	RS			
2	Sequentially list condit if any, leading to imme	diata	DUE TO	(OR AS CONSE	OUENCE C	E) .									- 0 -
3	cause. Enter UNDERLY CAUSE (Disease or inju		C.	VA	BOLL NOW TUS					>				,	7/45
CERTIFICATION	that initiated events resulting in death) LAS	т	DUE TO	(OR AS A CONSE	OUENCE O	r):									
	PART II. Other significe	ent condition	ns contributing to	death but not	resulting	in the un	darlule	0.001100	alves I-	Part I	24- 140-	N AUTOPSY	0.00	. WERE AUT	OBBY FRE
CAL					. Journing	ure ult	-origini	A cense	Arran III	ant I.	PERF	ORMED?	- 240	AVAILABLE	
MEDIC											1 TYES	2 NO		OF DEATH?	
										_				1 TYES	2 E NO
PHYSICIAN	25. WAS CASE REFERRED T	DIEDICAL					26. Pt	ACE OF E	DEATH	eck only on	(0)				
2	1 VES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	AOL J	4 Nurs		• 5 ₽A	lasidenca	6 🗆 Othe	r (Specify)				
H	27. MANNER OF DEATH	on mark	26a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIN	IE OF JURY	28c. INJ WO	URY AT		28d. DES	CRIBE HOW	INJURY OC	CURED		
P.	1 Natural 5 2 Accident	Pending Investigation				М		YES 2 [NO						
	3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE (building	OF INJURY — At he , atc. (Specify)	ome, ferm,	street, lecti	ory, offic	•		281. LOC City	ATION (Street or Town, State	t and Numbe te)	r or Runel	Route Numbe	NÇ
	29a. CERTIFIER	PIEVINO BUYO	ICIAN. To the best of		3									-	
3 1	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know occurred at the time, date and place, and due to the cause(s) and manner as stated.														
MPL	and the														
E COMPLE	and the	ICAL EXAMIN	ER: On the besis of		/						~	and due to 1			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 7601

AD3 MARZVEL CT. EASTON, ND 7601

MAY 26

DHMH-18 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE O	F DEATH	F	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		AV	YEAR	3. TIME OF	DEATH
JANETTA MA	E FOSK	EY			JUNE	7,	î'994	· EAN	1:13	Ам
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	1	7. DATE OF I			8. BIRTH Count	PLACE (State	or Foreign
213-44-1185	1 🗆 M 2 💢 F	48 YRS.			Novembe		1945		yland	
9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D			9c. COL	JNTY OF D	EATH	
THE JOHNS HOPKI	NS HOSPITAL		BALT	IMORE CIT	Υ					
10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION					10d. tNSIDE	CITY
Maryland W	licomico	S	alisbur	V					LIMITS 1 VES	?
10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNT	
833 E. Church S	t.		′	21801			l .	USA		
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS D	ECENDENT OF HISPAI	VIC ORIGIN? (S	pecify Yes	or No —	14. RACI	E — Americer	Indien,
1 Never Married 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			specify Cuben, Mexice ES 2X NO Specif		n, etc.)		Spec	k, White, etc. #y:	
	l correction							Wh:	ite	
15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT'S (Give kind of life, Do NOT u	WORL OCCUPA work done during se retired.)	TION most of working	16b, KIP	O OF BU	SINESS/IN	DUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)		operat		Va	riet	y St	ore		
17. FATHER'S NAME (First, Middle, Last)		O WILL CO	operac	16. MOTHER'S NA				020	:	
Laban Asbury	Evans			Lillia			each	er		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et end Number or Rural	Route Number, (City or Tow	n, State, Zi	p Code)		
John D. Foskey		833	E. Chur	ch St., S	alisbu	ry.,	MD 2	1801		
20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem		b. PLACE AND DATE			DATE	20c. LO	CATION -	City or To	own, State	
4 Donetion 5 Ditter (Specify)		pringhill			6/11	He	bron	, MD		
21. SIGNATURE OF FUNERAL SERVICE LI	ENGRE /		22. NAME	AND ADDRESS OF FA	cury eral H	ome				
HON K	kellows	~		Snow Hil			isbu	rv. l	MD 218	101
23 PART I. Enter the diseases, or short or heart fallows	complications that cause List only one cause op-	ed the settle. Do	not anter the r	node of dyling, auc	h as cardiac	or reap	ratory ar	rest,	Appro	oximata
MMEDIATE CAUSE (Final										rel Batween t and Daath
disease or condition resulting in death)	a. PULMONA DUE TO (OR AS	RY FOR	MA						121	1045
									28	2016
Sequentially list conditions,	b. ARA-C (DUE TO (OR AS	HEMOT	HERAY	<i>Y</i>					1	CYM
					1.11				2 "	
and a famous of injury	C. ACUTE L	A CONSEQUENCE O		LEUKEN	NIT				Zn	105
that initiated events resulting in death) LAST									j	
	d								+	
PART ii. Other significant condition	s contributing to death	but not resulting	in tha undariy	ing cause given in	Part I. 24	PERFOR	AUTOPSY	24b	WERE AUTOF	
					1	YES 2	XNO		OF DEATH?	OF CAUSE
							*		1 TYES 2	NO
AF WAS SASE DESERVED TO MESSAGE										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch						
1 YES 2 NO 27. MANNER OF DEATH	1 V Inpatient 2 ER/Ou 28e. DATE OF INJURY			ome 5 Reeldence	8 Other (Sc 28d, DESCRI		Maliby C	CUBEO		
1 Netural 5 Pending	(Month, Day, Year)		JURY	YES 2 NO	200. DESCRE	BE NOW I	NJUHT OC	CONED		
2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR	Y — At home, farm,			261. LOCATIO	N (Street a	and Numbe	r or Rural f	Route Number,	
4 Homicide determined	building, etc. (Sp	ecify)				wn, Stete)				
29e. CERTIFIER 1 Y CERTIFYING PHYS	ICIAN: To the best of my kno	wiedne death occurr	ed at the time d	tte and place, and due	to the council	\ a=d ===		and .		-
	ER: On the basis of exeminati								end menne	on stated.
296. SIGNATURE AND TITLE OF GERTIFIE	//	112								
amon	29c. LICENSE NUMBER 29d. DATE SIGNED (North, Day, Year) 10059 29d. DATE SIGNED (North, Day, Year)									
30. NAME AND ADDRESS OF PERSON WH Anna M. Lu	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print)	volfe B	altin	NA	MI	121	287	_
31. DATE FILED (Month, Day, Year) JUN 1 0 1994	32. DEGISTRAR'S SIG		1 /4.4	, , , , , , , , , , , , , , , , , , ,	11110	- 6- (
JUN 1 0 1994	Army animent	en mandrath								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HILL	CALE	F DEATH	REG. I	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last) Gladys	C.	Fagan				2. DATE OF DEATH MONTH June 1	. 199	YEAR	3. TIME OF DEATH 9:30 & M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2 DATE OF BURE		_	PLACE (State or Foreign
	217-74-8966	1 □ M 2 🙀 F	77	YRS.	MONTHS DAYS		Dec. 18	1916	Country	
	9s. FACILITY NAME (If not institution, give st	,			9b. CITY, TOW	OR LOCATION OF DE	EATH		NTY OF DE	ATH
DIRECTOR	Frederick Memo	rial Ho	spital			Frederic	k	Fı	ede	rick
Ä	10s. STATE 10b. COUNTY			10c. CFTY	, TOWN OR LO	ATION				10d. INSIDE CITY
	Maryland Fr	ederick		Frederick						LIMITS?
FUNERAL	1705 Heather	Lane				101. ZIP CODE	L701	10g. CITI		S . A .
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	WED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify	Yes or No-		
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2 N	0	If yes,	specify Cubsn, Maxica ES 2 NO Specif	n, Puerto Rican, etc.)		Black, Specify	- American Indian, White, sic. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION	16b. KIND OF	BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	- Life	Do NOT us						
M M	9 years			НС	memak	er				
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	len Sumame)		
BE (George E. Main						Cromwe			У
2	19s. INFORMANT'S NAME (Type/Print)	_				t and Number or Rural				
-	Mr. Lawrence E.	Fagan,	Sr.	1705	Heat	her Lane	, Frede	rick,	Md	21701
	20s. METHOD OF DISPOSITION 1- Burist 2 Cremation 3 Remo	oval from Stata	20b. PLACE A	ND DATE O	her place)	metery 6	DATE 20c.	Empde	City or Tow	nn, State
ĺ	21. SIGNATURE OF PUNERTAL SEED DE NO	ENGEE	1110	O T T 4	22. NAME	AND ADDRESS OF FA	CILITY			
	Robert W.	Keeney	# MOO	552	Kee:	ney & Ba E. Chur	asford P	.A. F	uner	ral Home
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplicatione the	t ceused the de	eth. Do n	ot enter the r	node of dying, auc	h ss cardlec or re	spiratory an	reat,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cen	More	und	2	urle	ut			Onset and Death
	resoluting in death)	DUE TO	(OR AS A CONSE	HENCE OF	16					13 (
NO	Sequentially list conditions,)/	NCI	0						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSEC	UENCE OF	·):					
FI	CAUSE (Disesse or Injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE DE	7:					i
H	resulting in deeth) LAST	t.								
	PART II Other desides a second									
EDICAL	PART II. Other algnificent conditions	contributing to	deeth but not re	eulting i	n the underly	ing ceuse given in	Part I. 24a. WAS PERI	AN AUTOPSY		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă							1 YES	2 NO		COMPLETION OF CAUSE DF DEATH?
Σ	DID TOBACCO USE C	ONITRIBLITE	TO CALLE	F 0F	DEATH	VEC ED NO	-			1 YES 2 NO
A.		CINTRIBUTE	TO CAUS	E OF						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-11-14	T	OTHER:	PLACE OF DEATH (Ch				
ΙΥS	1 YES 2 NO		ER/Outpatient 3			ome 5 - Residence				
	1 Netural 5 Pending	28s. DATE OF (Month, D	ay, Year)	26b, TIMI INJ	URY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED	
BY	2 Accident Investigation									
TED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At hor atc. (Specify)	ne, Ierm, s	treet, factory, of	rica	281. LOCATION (Stre City or Town, Str	et and Number ite)	or Runii Ro	oute Number,
3 Suicide 4 Homicide 8 Could not be determined 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and dus to the cause(a) and manner as										
8	2 MEDICAL EXAMINE	- H	xamination and/or is	rvestigstio	n, in my opinion	, dasth occured at the	time, data and place,	and dus to th	e csuse(s)	and manner as stated.
BE	296. SIGNAPURE AND TITUE OF CERTIFIER	XHU1	1			29c. LICENSE NUI	MBER	29d. DAT.	E SIGNED	Month, Day, Year)
10	I when a	14 00				10011		0	1/4	194
-	Dr. Timothy H					dical Ce	nter. F	red.	Md.	21701
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE				- , -			1 - 1
	1 5 100/	(1, 1,	NA	0 .4	L.					

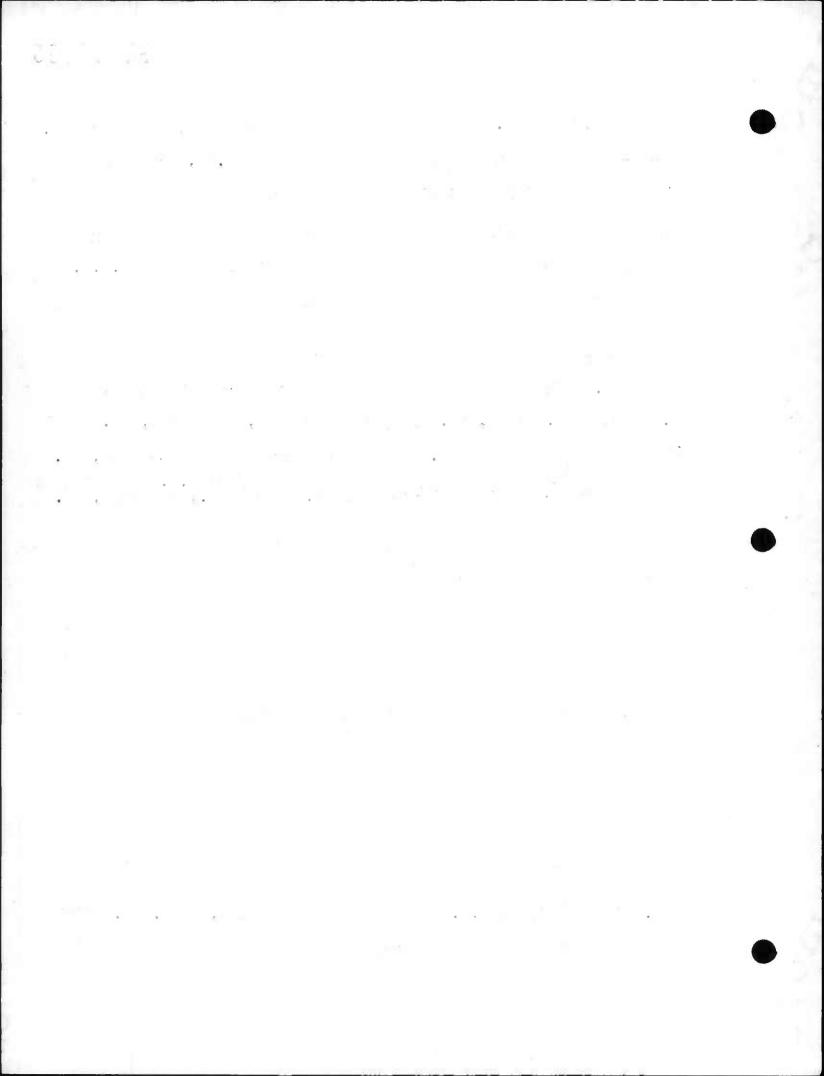
burs after death. Page 6 may be retained by the hospital or attending physigan. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transpectation or removal.	IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	lept. of Health and Mental Hygiene price	luny,
	pue	in A
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BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	3	STATE OF MA			MENT OF I		MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First	, Middle, Last)				DAIL OI	DEATH	2. DATE OF DEATN		3. TIME OF DEATN
	Ar	na		Fr	isch		June M	14,1994	3:15 A M
4. SOCIAL SECURITY NUME			AGE (in yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign
100-44-1242 De. FACILITY NAME (If not in		□ M 2 ← F	8	9 YRS.			Nov 28,19	04 I1	linois
Meridian N			Crook			OR LOCATION OF DE	EATN	9c. COUNTY O	
RESIDENCE OF DEC		ione spa	Creek		Annapol	.15		Anne	Arundel
Maryland	Anne Ar	rundo1		1	TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?
100. STREET AND NUMBER		under		Ann	apolis				1 TES 2 NO
403 Duvall						1. ZIP CODE 1403		U.S.A	OF WHAT COUNTRY?
11. MARITAL STATUS		. WAS DECEDENT E	VER IN U.S.,	ARMEO		2.00	HC ORIGIN? (Specify Yes		ACE American Indian.
IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ♣ NO Specify: Specify:								lack, White, atc.	
15. DEC	EDENT'S EDUCATI	ON	16a.	OECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BUS	I SINESS/INDUSTR	
Elementary/Secondary (C	y highest grade com 0-12) C	college (1-4 or 5+)		(Give kind of wo life. Do NOT use	rk done during m retired.)	ost of working			
12				Homema	ker		Own	Home	
17. FATHER'S NAME (First, M							ME (First, Middle, Melden	Sumame)	
Paul Gudau:						Anna Zi			
Harold P.	Frisch						olis, Mary		
20a, METHOD OF DISPOSIT	ION on 3 - Removal	from State	20b. PLAC	E AND OATE OF	DISPOSITION (Ner place) emetery	ame of	6/16/94	Bronx,	A THE STREET
21. SIGNATURE OF FUNERA		BEE	wood	Tawn C					Funeral Home
1 La	. 8	01:00	10						Annapolis,Md
23. PART I Enter tha d	Iseases, or com	plications that d	aused tha	death. Do no					Approximata
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart Isliura. List	only ona couse	on each li	na.		fail			Interval Between Onset and Death
		DUE TO (OI	AS A CONS	SEQUENCE OF):		J			
Sequentially list condition in the sequential sequentia	diata	DUE TO (OI	AS A CONS	EOUENCE OF):					
cause. Enter UNDERLYI CAUSE (Disease or Inju		DUE TO LOS							
that initiated events resulting in dasth) LAS	т	DOE 10 (OI	AS A CONS	EQUENCE OF):					
	d								
PART II. Other significa	int conditione co	ontributing to de	ath but no	t resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
							_ ' ' ' ' ' ' ' ' '	100	OF DEATH?
25. WAS CASE REFERRED TO	O MEDICAL					105.05.05.05.00			
EXAMINER?	H	OSPITAL:	2/Outmatle et	2 🗆		ACE OF OEATH (Ch			
27. MANNER OF DEATH		28a. DATE OF IN.	IURY	28b. TIME	OF 28c, IN.	URY AT	8 Uther (Specify) 26d. DESCRIBE HOW IN	JURY OCCURED)
	Pending Investigation	(Month, Day,	Year)	INJUI		YES 2 NO			
3 Suicide e	Could not be detarmined	28e. PLACE OF II building, atc	JURY — At (Specify)	home, farm, str	eet, tactory, offic		281. LOCATION (Street e City or Town, Stete)	nd Number or Ru	ral Route Number,
29a, CERTIFIER (Check only	TIFYING PHYSICIAN	i: To the best of my	knowledge,	death occurred	at the time, date	end place, and due	to the cause(s) and men	ner se stated	
									e(a) and menner ea stated.
29 MANATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 101653 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types Print) Or. Peter Verkouw 1833-A Forest Dr. Annapolis, Maryland 21401								
31. DATE FILEO (Month, Day,	Year)					riai yian	u 21401		
JUN	16 1994	32. REGISTRAR'S	Trucka	rkardall					

was a 1894 Jewis Robert Ballet

1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	MELVIN FAUBLE _{Jr} .				JUNE 12"	1994 TE	9:55A M
	4. SOCIAL SECURITY NUMBER 5. SEX	B. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. 8	IRTHPLACE (State or Foreign
	216-28-4028 ¹⅓™²□F	62 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-17-31		ountry) Marvland
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DI		9c. COUNTY	
OR	THE JOHNS HOPKINS HOSPITA	L	BALTIMO	RE CITY		NONE	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	40-077	r, TOWN OR LOCAT			HOME	
E I	100						10d. INSIDE CITY LIMITS?
	Maryland Howard	E1	licott (ity ZIP CODE			1 TES 2 NO
H	/000 P 11: # P1		101.				OF WHAT COUNTRY?
FUNERAL DIRECTOR	4838 Rolling Top Rd 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	12 WAS DEC	21043	VIC ORIGIN? (Specify Yee		ted States
	1 Never Merried 2 Merried FORCES? 1	YES 2 NO	If yes, spe	cify Cuban, Mexice	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc.
ВУ	3 Wildowed 4 Divorced	ean	I I TES	2 X NO Specifi	γ.		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	USUAL OCCUPATIO	N of all wasking	16b. KIND OF BUS		
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)	a or working			
MP	12	Regiona	1 Sales	Manager	Hanover	Food	
8	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Melvin F. Fauble Sr.				C. Parker		
2	19e, INFORMANT'S NAME (Type/Print)				Route Number, City or Town		
١	Mrs. Joan M. Fauble				Ellicott Ci		
	1 Suriel 2 Cremellon 3 Removal from Stafe 4 Donetion 5 Other (Specify)	20b. PLACE AND DATE Of cemetery, cremetory or of	her piecel			CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Meadowri		D ADDRESS OF FA	-16-94 Ba1	timore	, MD
	21 51 9.1	1			ke Funeral	Home	Inc
_	Harry P. W.	la tool	4112	01d Co1i	mhia Pike	Ellico	tt City 21043
	23. PART I. Enter the diseases or complications that shock, or heart failure. List only one caus	on each line.	ot enter the mo	te of dying, auc	h sa cerdiac or reepir	retory errest,	Approximete interval Between
	IMMEDIATE CAUSE (Final disease or condition	TONC	1 4	D	1. 2.		Oncet and Death
	resulting in death) s.	ドカン	Havit	Kespin	codory Dist	ress s	indianezo des
	OUE TO (R AS A CONSEQUENCE OF	7):	•			40 day
O	Sequentielly liet conditions, Due TO (OF A A CONSEQUENCE OF					1000
¥	cause. Enter UNDERLYING	lian	duct	al in	ijune	_<	54 du
E	CAUSE (Disease or Injury that Initiated events OUE TO (C	R AS A CONSEQUENCE OF	1:	,	7	,	7
CERTIFICATION	resulting in death) LAST						
	PART ii. Other significant conditions contributing to d		- 4 - 4 - 4 - 4				
SAL S	Coagulat affi	eath but not resulting i	n the underlying	ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Renal Fullise				1 YES 2	□ NO	COMPLETION OF CAUSE DF DEATH?
M	range pu supe				_		1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL						
2		ER/Outpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch			
± 3	1 YES 2 NO 1 Inpatient 2 2.7. MANNER OF DEATH 28s. DATE OF II				6 Other (Specify)		
	Netural 5 Pandlog (Month, Day	Year) INJI	URY WO		28d. DESCRIBE HOW IN	JURY OCCURE	0
BY	28e PLACE OF	INJURY — At home, term, s		ES 2 NO	28f. LOCATION (Street a	ad Number or Bu	und Brusto Alumbar
	4 Homicide B Could not be datermined building, at	c. (Specify)	troot, ractory, critica		City or Town, State)	no Number of No	irai noole Number,
COMPLETED	29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of m		57.5	V			
MP	(Check only one) CERTIFYING PHYSICIAN: To the best of mone) MEDICAL EXAMINER: On the best of examiner.						
	29b. SIGNATURE AND TO EUOF CERTIFIER		,y opinon, or				
BE		mD	\n)	29c. LICENSE NUI	ABER	29d. DATE SIG	NED (Month, Day Year)
2	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE	16	sident			- 6/	16/24
	167-6 0128-00	OF DEATH (ITEM 27) (Type,	10/11	1			/
ł	31. DATE FILED (Month, Day, Year)	S SIGNATURE	MICO				
- 1	JUN 1 5 1994 32 FEGISTRAN	volenchestall					

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	Z	A CONTRACTOR	
BALTIMORE, MARYLAND 21215-0020	r death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the bundal-transit al.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL UNECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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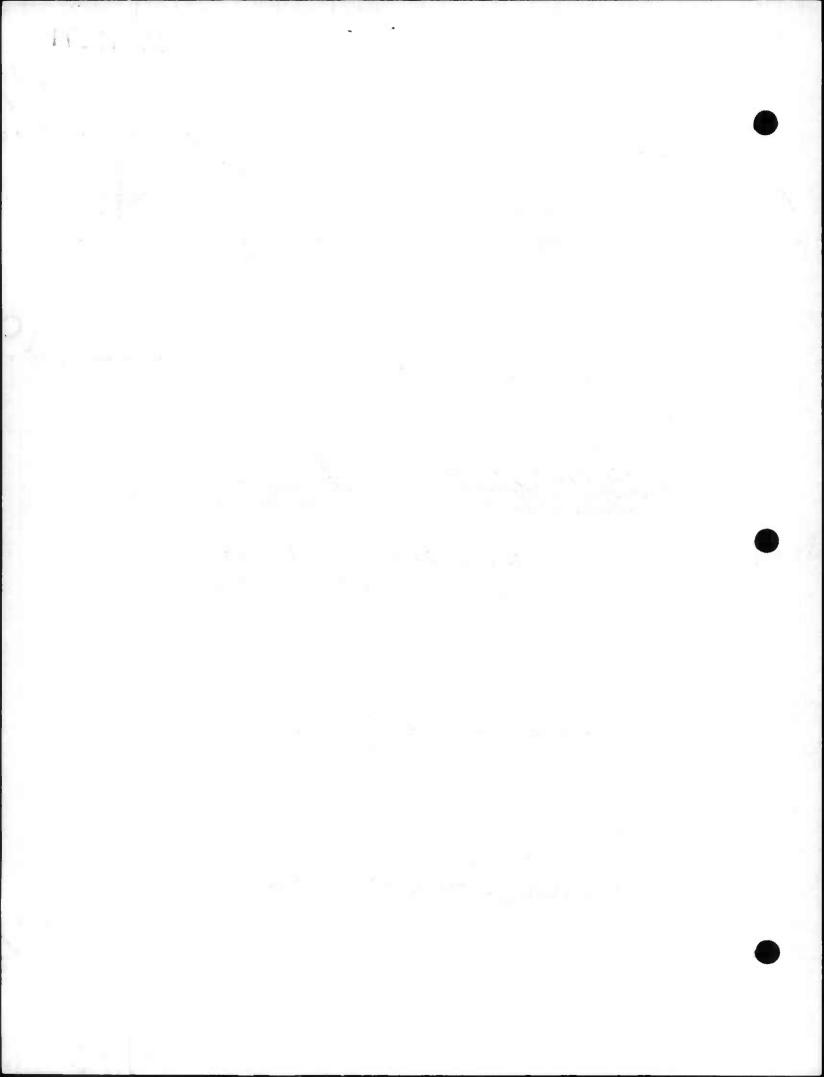
1. DECEDENT'S NAME (First, Middle, La	nef)	CENTIFIC	CATE OF	DEATH		3. NO.		Taxana and
John Richard					2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH 6:15 D
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	May		994	HPLACE (State or Foreign
217-09-4665	1 M 2 F 8	4 YRS.	ONTHS DAYS	HOURS MIN.		8, 1909	Ma	myland
601 Cedar Lane				eensboro		9c. COU	Ca	roline
10a. STATE 10b. COU			reensbo					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	TOTALL			ZIP CODE		10a CIT	IZEN OF 1	1 YES 2X NO
12530 Knifebox	Road		LE E	21639				S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAI Helfy Cuban, Maxica 2 NO Specif	an, Puarto Rican, e			E — American Indian, k, White, atc.
15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT'S US	SUAL OCCUPATIO	ON all of washing	166. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT use i	k done during mos retired.)	si or working		Crop		
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, I			
William R. Gar	dner		T-	Mary	A. Kibl	er Gard	ner	
19a. INFORMANT'S NAME (Type/Print) Jeanne E. Warr	-en			ane Gree	Route Number, City	or Town, State, Zip	Code)	21639
20a. METNOD OF DISPOSITION	201	D. PLACE AND DATE OF				Oc. LOCATION -		
1 St Buriel 2 Cremation 3 R 8	Removal from State cen	netery, crematory or othe Holy (rplace) Cross Co	emeterv	6/2		2.4	, Maryland
21. SIGNATURE OF FURNISHAL SERVICE			22. NAME AN	D ADDRESS OF FA	CILITY			, mary rand
> Medel	Much		_	e-Helfen ox 160 G				d 21639
	re. List only one ceuse on e	d the death. Do not each line.		de of dying, suc				Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	metasta DUE TO (OR AS A DUE TO (OR AS A	A CONSEDUENCE OF):	enter the mod	de of dying, suc	ch as cardiac or			Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Due to (or as a due to for a due to fo	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	ne) Co	ancer	Part i. 24s. W		reat,	Approximate interval Betwee Onset and Deal
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Metasta DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A A DUE TO (OR AS A A DUE TO (OR AS A A DUE TO (OR AS A A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	ne) Co	ancer	Part i. 24s. W	WAS AN AUTOPSY ERFORMED?	reat,	Approximate interval Betwee Onest and Deat 3 Amail Approximate Service Application of Completion of Completion of Completion of Course
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit COPD	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying	ancer	Part I. 24a. W	WAS AN AUTOPSY ERFORMED?	reat,	Approximate interval Betwee Onset and Deat 3 April 2015
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condition of the condition of the cause of the condition of the	DUE TO (OR AS A DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): Dut not resulting in	the underlying	cause given in	Part i. 24a. W P 1	MAS AN AUTOPSY PERFORMED? YES 214 NO	reat,	Approximate interval Betwee Onset and Dea 7 American Approximate 2 A
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): Dut not resulting in	the underlying 26. PL THER: Nursing Horm W WO W WO W W Nursing Horm W W W W W W W W W W W W W	cause given in	Part i. 24a. W P 1 U V V V V V V V V V V V V V V V V V V	MAS AN AUTOPSY PERFORMED? YES 214 NO	24b	Approximate interval Betwee Onset and Dea 7 American Approximate 2 A
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condit COPO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): Dut not resulting in patient 3 □ DOA 4 26b. Time c injure	the underlying 28. PL OTHER: Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom Nursing Hom	Cause given in ACE OF DEATN (Ch	Part i. 24a. W P 1	WAS AN AUTOPSY ERFORMED? YES 2 NO	24b	Approximate interval Betwee Onset and Dea 3 Amounts of the Autropsy Finding AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 ND
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of	DUE TO (OR AS A DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): Dut not resulting in patient 3 DOA 4 28b. Time c injury	the underlying 26. PL THER: Nursing Hom Nursing Hom To the time, data	g cause given in ACE OF DEATH (Ch	Part i. 24a. W P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAS AN AUTOPSY ERFORMED? YES 2 NO NOW INJURY OC (Street and Number, State)	24b	Approximate interval Betwee Onset and Dea 7 April 100 Ap
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of	DUE TO (OR AS A DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): Dut not resulting in patient 3 DOA 4 28b. Time c injury	the underlying 28. PL THER: Nursing Home Nursing Home Nursing Home Nursing Home August 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cause given in ACE OF DEATH (Ch 5 M Residence URY AT RK? CES 2 NO and place, and due beth occured at the	Part I. 24a. W P 1	WAS AN AUTOPSY ERFORMED? YES 2 NO NOW INJURY OC (Street and Number, State) and manner as stated and due to it	24b CUREO r or Aural i	Approximate interval Betwee Onset and Dea 3 Amain American Amain Betwee Onset and Dea 3 Amain American To Completion of Cause OF DEATH? 1 YES 2 ND Route Number,
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condit COPO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated in Could not detarmined detarmined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)	DUE TO (OR AS A DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): Dut not resulting in patient 3 DOA 4 26b. Time con in the color of in and/or investigation,	the underlying 28. PL THER: Nursing Hom OF VI M 1 Y Pet, factory, office at the time, data in my opinion, deta	Cause given in ACE OF DEATN (Ch 5 M Residence URY AT RK? TES 2 NO and place, and due	Part I. 24a. W P 1	WAS AN AUTOPSY ERFORMED? YES 2 NO NOW INJURY OC (Street and Number, State) and manner as stated and due to it	CUREO or Rural in the cause(s)	Approximate interval Betwee Onset and Dea 3 Amount American Service Prior to Completion of Cause OF DEATH? 1 YES 2 ND Route Number,
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit COPO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated 1 Natural 2 Accident 3 Suicide 6 Could not determined 1 Check only 2 MEDICAL EXAMINER? 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER) 29b. SIGNATURE AND TITLE DF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	patient 3 DOA Consequence of the patient 3 DOA Consequence of the	the underlying 26. PL THER: North Nursing Homo The 28c. INJI WO 1 You And I You at the time, data In my opinion, de	Cause given in ACE OF DEATH (Ch 5 M Residence URY AT RK? CES 2 NO and place, and due beth occured at the	Part I. 24a. W P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAS AN AUTOPSY ERFORMED? YES 2 NO NOW INJURY OC (Street and Number, State) and manner as stated and due to it	24b CUREO r or Aural i	Approximate interval Betwee Onset and Deal 2 Approximate interval Betwee Onset and Deal 2 Approximate Approximate Approximate Prior To Completion De Cause OF DEATH? 1 YES 2 ND Route Number,

1 - FOR STATE REGISTRAR

REGISTRAR								
	Julia Gre	en			2. DATE OF DEA MONTH May 25	1994	YEAR	3. TIME OF DEATH 6:25 A
4. SOCIAL SECURITY NUMBER 218-20-4041	5. SEX 6. A	78 YRS.	MONTHS DA		7. DATE OF BIRT (Month, Day, N April 1	14	Coun	HPLACE (State or Foreign try) arvland
90. FACILITY NAME (If not Inetitution, give Wesleyan Health	,			WN OR LOCATION OF S		9c. COL	NTY OF C	DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY	10e. C	ITY, TOWN OR LO	DCATION				10d. INSIDE CITY
Maryland 100. STREET AND NUMBER	Caroline			Denton		10a, CIT	IZEN OF	1 YES 2 NO
614 Lincoln Stre				21629			5.A.	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If yes	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 XNO Spec	an, Puerto Rican, el		Spec	E — American Indian, ick, White, etc. idy: BCK
15. DECEDENT'S ED (Specify only highest gra-	de completed)	(Give kind o	'S USUAL OCCUP If work done during use retired.)	PATION g most of working	16b. KIND C	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 11 HS grad.	None		emaker			Home		
17. FATHER'S NAME (First, Middle, Last)	***			18. MOTHER'S N	AME (First, Middle, M	laiden Surname)		
Alex St	nith	Top Mail in	ADDRESS (Sw	Ju] set and Number or Rura	y Armst		. 0. 1.	
William R. Johns	son			et, Ridgel				
20e. METHOD OF DISPOSITION 1 Structure 2 Comments 3 Re		20b. PLACE AND DAT	E OF DISPOSITION			c. LOCATION —		own, State
4 Donation 5 Other (Specify)	-	MD Easter	n Shore	e Vet. Cen		Beulah,	Mar	yland
II MOUNT OF THE OF HOMERAL SERVICE	CENSEE	1		E AND ADDRESS OF F				
23. PART J. Entar/the diseases, o ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause o	on each line.	Dra not enter the		enton, Ma ch as cardiac or	ryland reaplratory ar	reat,	Approximata Interval Batwe
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. Meta. DUE TO (OR DUE TO (OR C.	Stake	OF):	awer B, De mode of dying, su	enton, Ma ch as cardiac or	ryland reaplratory ar	reat,	Approximata Interval Batwe
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Meta. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE This but not resulting	OF):	awer B, De mode of dying, su	enton, Machae cardiac or	ryland reaplratory ar	reat,	Approximate interval Batwa Onset and Da 3 4444
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	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN		
		Albert Moffet	t Glad	well		2. DATE OF DEATH		3. TIME OF DEATH
	GLADWELL,	ALBERT M	L.			06 - 12	2 /9G	
		SEX 6. AGE (In yrs.		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH _(Mogth, Day, Year)	8. BI	RTHPLACE (State or Foreign
	578-03-6744 1	⊠ M 2 □ F 88	YRS.		-72-3			irginia
œ	Charlotte Hall Vet	,			tte Hall		9c. COUNTY O	lary's
8	RESIDENCE OF DECEDENT	crais none		CHALIC	cte narr	100	St. P	ary s
DIRECTOR	Maryland St. Ma	ratio		arlotte				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	шу 5	- Ci					1 TES 2% NO
FUNERAL	Rt. 5 Leonardtown R	ond.		101	20622			OF WHAT COUNTRY?
3		. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes	USA	ACE — American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES 2		If yes, sp		n, Puerto Rican, atc.)	8	llack, White, etc.
) BY	3 🔀 Widowed 4 🗌 Divorced	MM TT						White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 16e.	(Give kind of wo	SUAL OCCUPATION done during mo	IN st of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Electr	1000		Feder	al Gove	rnment
S O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N/	AME (First, Middle, Maiden		211110110
E C	Minor C. Gladwell					Keister		
TO BE	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Code)
7	Patricia Tribble				edict, M			
:	20e. METHOD OF DISPOSITION A Burlet 2 Cremation 3 Removal 4 Donetion 6 The (Specify)	from State 20b. PLA		DISPOSITION (NO	Gardens	6-16 Wal	dorf, M	
	21. SHERMURE OF FUNERAL EMPYICE ASCAUL	"Marie la	1	22. NAME AP	ID ADDRESS OF FA	CILITY		
	Benjamin Matt	hews M00658	\sim		Funeral Box 156	. ноте , Waldorf,	MD 206	504-0156
T	23. PART I. Enter the diseases, or com	plications that caused the	death. Do no					Approximate
	shock, or hasrt fallure. List IMMEDIATE CAUSE (Final	only one cause on each I	ina.					Interval Between Onset and Death
	disease or condition resulting in death) s	DUE TO (OR AS A CON	RESPE	RATUR	P FAT	LLYRE		!
	1							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CON	SEQUENCE OF	MSPC	247702	PNEUM	ONCA (P	ruspace)
S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF)					
CER	d							
AL	PART II. Other algnificant conditions c	ontributing to death but no	ot reauiting in	the underlying	cause givan in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20						1 YES 2		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 TYES 2 NO
AN	DID TOBACCO USE CC	NTRIBUTE TO CA	USE OF					
딩	EXAMINER?	OSPITAL: Inpetient 2 ER/Outpetient		OTHER:	ACE OF OEATH (Ch			
Ξ̈́	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	6 ☐ Other (Specify) 28d. OESCRIBE HOW II	NJURY OCCURED)
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	ÜLMI		RK? res 2 \sum no			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, st	eet, fectory, offic		28f. LOCATION (Street of City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED								
MP	(Check only CERTIFYING PHYSICIAI	N: To the best of my knowledge, On the besis of examination and						se(s) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	X			29c, LICENSE NUI			NED (Month, Day, Year)
BE (1111	(Y Low	HTY 3C	AL	0331	-		13-94
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATH (ITEM 27) (Type, I	Print)				
	11 DATE EILED (March Co. V.	20 050000000						
	31. DATE FILED (Morith, Day, Ybeir) JUN 1 6 1994	32. HEBISTHAR'S SIGNATUR	Redall					
	3011 7 9 1004	7						



al or attending physician.	for use as the burial-tram	property.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trains be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ours after death, Page 6	I in by the funeral director or removal.	medical examiner mu	
be executed with	cian and completely filled for to burial, cremation, of	raumatic event, the r	
hat the death certificate	d by the attending physics and Mental Hygiene pri	ny Injury, or other to	
CIAN: The law requires t	artificate has been signed the State Dept. of Health	or item 23 shows a	
L OR ATTENDING PHYSI	. OIRECTOR: After this co	item 28 is marked,	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: H	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MEN	AL HYGIEN			
	1. DECEDENT'S NAME (First, BILLY FRA		GRAGG							MC	TE OF DEATH	MY 1 0 0 /	YEAR	3. TIME OF DEATH 2:20 AM M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.)	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7 DA	TE OF BIRTH onth, Day, Year)		Countr	PLACE (State or Foreign
	219-30-277			56	rnə.	Oh CITY	TOWAL C	R LOCATI	011 05 0		23,			ryland
R	2422 Putna							t Hi		EATH			ford	
DIRECTOR	RESIDENCE OF DEC	CEDENT										1 1 1 1 1		
IR.	10a. STATE	10b. COUNTY				Y, TOWN C								10d. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER	Har	ford		Ŀ	orte	_	ZIP COD	F			I 100 CIT	IZEN OF Y	1 ☐ YES 2 😿 NO
FUNERAL	2422 Putna	m Road							1050)		log. Cit	US	
O.	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAI	NIC ORI	GIN? (Specify Ye	s or No—	14. BACE	- American Indian
ВУ Е	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE Y] NO			2 NO			to Rican, etc.)		Speci	
		EDENT'S EDU	1955-1	1	DECEOENT'S	USUAL O	CLIBATIO	M.			i6b. KIND OF BU	ISINESC/IN	DUETRY	white
ETE		y highest grade			(Give kind of ife. Do NOT u	work done	during mo	st of working	ng		IOD. KIND OF BU	SINE 33/IN	DUSTRE	
AP.	12	, , ,	0011090 (1-4 01 3	'	y Wal	1 Co	ntra	ctor			Constr	uctic	n	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)									t, Middle, Maider			
BE	Robert Ast		dd					_			la Edm			
5	19a. INFORMANT'S NAME (7										umber, City or Tov			050
	Ruth A. Gra	ION		200 BLAC	Z4ZZ E AND DATE				, FC		ATE 20c. LO			
	1 Burial 2 Cremation 4 Donation 5 Other		ovel from State						eng					aryland
	21. SIGNATURE OF FUNERA		phister /	1	1	22.	NAME AN	D ADDRE	SS OF FA	CILITY				
	Hours	VK	11111 (0	A	T									me, P.A. . 21009
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure.	List only one can	ise on each ile	na.							1	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condition in sny, leading to immercause. Enter UNDERLY! CAUSE (Disease or injustat initiated events resulting in death) LAS	diata ING Iry	c	(OR AS A CONS	EOUENCE O	F):	4							
PHYSICIAN: MEDICAL C	PART II. Other significa	nt condition	s contributing to	death but not	t rasuiting	in tha un	deriying	cause	given in	Part I.	24a. WAS APPERFO		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
¥	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only	one)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Nur		5 R	aldence	8 🗆 0	ther (Specify)			
F	27. MANNEY OF DEATH	202	28a. DATE OF (Month, D	INJURY lay, Year)	28b. TIM	IE OF JURY	28c. INJ WO	URY AT		28d.	ESCRIBE HOW	INJURY OC	CURED	
B		Pending Investigation				М		'ES 2 [NO					
		Could not be determined	28a. PLACE C building,	F INJURY — At I atc. (Specify)	home, 1arm,	street, 1ect	ory, offic			281. L	OCATION (Street ity or Town, State	and Numbe)	r or Runai F	loute Number,
COMPLETED			CIAN: To the best of a) and manner as stated.
TO BE C	29b. SIGNATURE AND TILE	OF CERTIFIER	My	oder				29c.	187	17		▶ ,	6/16	(Month Day, Year)
		MOR	DE3, 1	SE OF DEATH (IT	120 (Type	Sist.	ro	ren	zp	r.	Turso	N,1	NO 2	roy
	31. DATE FILED (Month, Day, JUN 17		32. REGISTRA	AR'S SIGNATURE	111									

	FOR
1	STATE
	REGISTRAR

1 - STATE REGISTRAR												
1. DECEDENT'S NAME (First,			- C- 1	0:00). 0			941	2. DATE OF D	EATN DAY	JEAR	3. TIME OF DEATH
SOPHIE			FEN		-				6	9		I C A
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	*	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day,		8. BIRT	THPLACE (State or Foreign stry)
168-05-176	OA	1 D M 2 F	80	YRS.					9-5-	13	Per	nnsylvania
9e. FACILITY NAME (If not in	stitution, give etre	et and number)			9b. CITY	Y, TOWN D	R LOCATIO	ON OF DE	ATH	9c.	COUNTY OF	DEATN
Greater La	urel Ho	spital			La	urel					Prin	ce George
RESIDENCE OF DEC	10b. COUNTY			10c CI	ry, town	OR LOCAT	ION					10d. INSIDE CITY
Marrel and		2					.011					LIMITS?
Maryland	Howa	ra		E	krid		. ZIP CODE			La		1 YES 2 NO
and the same of the same of						101.						WHAT COUNTRY?
7712 Patux							212					d States
1 Never Merried 2 💢		12. WAS DECEDEN FORCES? 1	YES 24	NO					IIC ORIGIN? (Sp.		o— 14. RAI Bla	CE — American Indian, ck, White, etc.
3 Widowed 4 Divo		IF YES, GIVE W	MAR OR DATES			1 TYES	2 NO	Specify	r:			city:
45 DEC	EDENT'S EDUCA	TION	140	DECEDENT'S	HOULE	COLUMN			Lant Minn			hite
(Specify only	y highest grade co	ompleted)		(Give kind of life. Do NOT u	work done	during mo	st of workin	g	160. KJNE	OF BUSINES	IS/INDUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5	*'									
17. FATHER'S NAME (First, M	Iddella Lanti			lomena	ker		40. 11000		ME (First, Middle	omemak		
							18. MOTH				ime)	
Ignacious		sk1							en Pik			
	.,								Route Number, Ch			
Robert A.								Ct	Elkrid			
20e. METHOD OF DISPOSITION 1 Comments 2 Comm		al from State		Cremetory or o			meol		DATE	20c. LOCATIO	ON — City or	Town, State
4 Donation 5 Other				lowrid				6	-13-94	Marri	ottsv	ille MD
				The state of the s								
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE)			22.		D ADDRES	SS OF FA	CILITY			
	L SERVICE LICE	1 91)	The	7	22. H	arry	н.	ss of fa Witz	ke Fun	eral H	lome I	nc.
21. SIGNATURE OF FUNERAL	ru Z	1. Wi	The	/	22. H	arry	H. 01d	SS OF FA Witz Colu	ke Fundambia P	eral H ike El	lome I	nc. t City2104
21. SIGNATURE OF FUNERA 21. SIGNATURE OF FUNERA 22. PART I. Enter the di	ra f	1. Wi	Take of caused the	deeth. Do	22. H	arry	H. 01d	SS OF FA Witz Colu	ke Fundambia P	eral H ike El	lome I	Approximete Interval Between
21. SIGNATURE OF FUNERA 23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (FIR	Iseeses, or co	1, 20)	on each ii	deeth. Do	H 4	larry 112 r the mo	H. Old de of dyi	Witz Colung, suc	ke Funda P	eral H ike El or respirator	lome I	t C1tv2104
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BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Surs after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-frame, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

OHMH-15 Rev 1/89

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Harry M. Wilson, Numeral Nome Year. All? Old Delrubis Price Elitopic City:1063

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	1 - FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce		RTMENT (MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ARTHUR				AWKIN				2. DATE OF	0	MY 100	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (fn yrs. lest	t birthday)	IF UNDER 1 Y	FAR	IF UNDER:	24 HDS	JUNE 7. DATE OF		1994		HPLACE (State or Foreign
	214-38-8214	tXXM 2 □ F	53	YRS.		AYS	HOURS	MIN.	(Month,	Day, Year)	10/0	Coun	(ry)
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	7401.0	0.1.001710	N 05 D5	Dec.	20,	1940	NTY OF I	Maryland
DIRECTOR	CALVERT MEMORI		ITAL						RICK		74.	ALVE	
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c CIT	Y, TOWN OR	OCATI	ION						ted, INSIDE CITY
OR	Maryland Ca	lvert			rince			ick					LIMITS?
A P	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
ᇤ	5570 Sheridan	Point Rd	•				206	578			U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARI YES 2 X N WAR OR DATES	MED IO	lf y	ea, spe	city Cuban		IIC ORIGIN? n, Puerto Ric		a or No-	Blac	E - American Indian, ok, White, etc.
ED	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCC	IPATIO	N		16b K	IND OF BU	ISINESS/IN	DUSTRY	
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12) 1 1	College (1-4 or 5	(Gi	ve kind of	work done dun se retired.)	ng mos	st of working	7	100.1		311L33/11	DOGTHI	
O	17. FATHER'S NAME (First, Middle, Last)					T	18 MOTH	FR'S NA	ME (First, Mic	triin Mairinn	Sumamai		
	William	Hawkins	Sr.					tha		Auto, Intercont		Tono	-
BE	19a. INFORMANT'S NAME (Type/Print)	IIG WILLIIG		. MAILING	ADDRESS (S	treet ar				: City or Tow		Jone	!S
5	Alene Hawkins		55	70 S	herida	n I	Point	- Rd	Pri	nce F	rodo	rick	. MD 20678
	20e. METHOD OF OISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State		MDDATE	OFDISPOSITI	OM /Mar	me of		OATE 14/94	20c. LC	OCATION -	City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Journ	elli .			D ADDRES		OAL CTN				
	Spencer	? See	well						Se	well . Pri			Home erick,MD
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications the	t caused the de	eth. Do									Approximate
	IMMEDIATE CAUSE (Final	_											Interval Between Onset and Death
	disease or condition resulting in death)	e CE	REBRA	L	NEM	OR	RHAG	Ď.					50A73
			(OR AS A CONSEC										
TION	Sequentielly list conditions, if any, leading to immediate	b	(OR AS A CONSEC	DUENCE O	F):								
2	CAUSE (Disease or Injury	C											
CERTIFICATION	that initiated events resulting in deeth) LAST	d	(OR AS A CONSEC	DUENCE O	F):								
PHYSICIAN: MEDICAL C	PART ii. Other aignificent condition	s contributing to	deeth but not re	eaulting	In the unde	rlying	ceuse g	iven In		4a. WAS AN	RMED?	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
8									— [¹	YES 2	NO		OF DEATH?
Σ.	DID TORACCO USE (CONTRIBUTI	TO CAUS	SE OF	DEATH	V	EC 🗆	NC	~				t TYES 2 NO
AN	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTI	IO CAUS	DE OF				NC ATH (Ch	sck only one)				
SIC	EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER:				8 🗆 Other (Specify)			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, E		28b. TIN	IE OF 28	e. INJU WOF	JRY AT RK? ES 2	NO	28d. DEŞC	RIBE HOW	INJURY OC	CURED	
0	3 Suicide 8 Could not be determined	28a. PLACE Obuilding,	F INJURY — At horate, (Specify)	me, ferm,	street, factory	, offica	1			ION (Street Town, State)		r or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CONE) 2 MEDICAL EXAMINE												
8			A-mini-mon and/or li	veatigatio	лі, іп my opin	ion, de				nd place, ar	nd due to t	ne cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTURE						29c. LICE	NSE NUM	BER Colot	7	29d. DAT	E SIGNE	Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Savilson Randall

M.D.



Charles Judge,
31. DATE FILED (Month, Day, Year)
JUN 1 4 1994

Prince Frederick, MD

74 }

Item: 23a part I, per MEO G-749 7/21/97 dh

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	James	Beahler	Har	kins			0 1994	1956		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Forei		
	213-22-5536	1 M 2 F	67 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) July 6. 1		ountry)		
	9a. FACILITY NAME (If not institution, give	atreet end number)	- 07	9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O	ryland		
<u>۳</u>	11622 Basebase									
۴I	11632 Beechwo	od Street		Prince	ess Anne	2	Som	erset		
Ä.	10a. STATE 10b. COUNT	TY	10c. Cl	TY, TOWN OR LOCAT	ION			10d. INSIDE CITY		
DIRECTOR	Maryland So	merset		Princes	s Anne			1 YES 2 NO		
A.	10e. STREET AND NUMBER				ZIP CODE		tog. CITIZEN C	OF WHAT COUNTRY?		
E	11632 Beechwo	nd Street			21853			1 0		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Ye		J.S. ACE — American Indian.		
	1 Never Married 2 Married	FORCES? 1 YE	ES 2 NO	If yes, spe	cify Cuban, Maxican 2 DNO Specify	, Puarlo Rican, etc.)	В	Hack, White, atc.		
B	3 Widowed 4 Divorced	World Wa	rII	1 123	2 ET NO Specify			pocity: nite		
8	15. DECEDENT'S ED! (Specify only highest grad	UCATION	16a. DECEDENT'S	S USUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUSTR			
ETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT (work done during mo- use retired.)	st of working					
릴	12	2	Pain	ter		Home	Improv	(omont		
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 1 4 1 11	001	18. MOTHER'S NAI	ME (First, Middle, Maiden		Zellenc		
	James Hanki	ne					nner			
BE	19a. INFORMANT'S NAME (Type/Print)	110	19b. MAILIN	G ADDRESS (Street a		Oute Number, City or Tow				
임	Mr. James Ha	nnkine								
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			alisbury	CATION — City o	21801		
	t Buriel 2 Cremation 3 Rer		cemetery, cremetory or	other place)						
	24. SIGNATURE OF FUNERAL SERVICE L	centre	Beechw	ood Cem	etery D ADDRESS OF FAC	6/13 Pr	. Anne	Md.2185		
	6 k 1 2 1	Tennia)				nerallHo	ma			
	Man C) N		M00295			Anne. Mo		. 2		
	23. PART I. Enter the diseases, or	complications that caus	sed the deeth. Do	not enter the mo	de of dying, such	es cerdiec or reep	iratory arreat,	Approximeta		
	immediate cause (Fine)	. List only one cause on	GASTROINTE	STINAL HEMO	DDHACK			interval Bety Onset and D		
	disease or condition	Co	CASTADINIE	STINAL HEN	KKIIAGE	0		Oliser elle E		
	DUE TO (OR AS A CONSEQUENCE OF):									
_										
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate	b. DUE TO (OR AS	S A CONSEQUENCE O	DF):						
8	cause. Enter UNDERLYING		CHRONIC AL	COHOL ABUSE				ļ		
Ĕ	CAUSE (Diseese or injury that initieted events	DUE TO (OR AS	S A CONSEQUENCE O							
듄	resulting in death) LAST	4								
2		-								
7	PART II. Other aignificant condition	ns contributing to death	but not reaulting	in the underlying	ceuse given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO		
75						1 D YES 2		COMPLETION OF CAU OF DEATH?		
DICAL								1 NES 2 NO		
ME	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH YE	S NO					
ME	25. WAS CASE REFERRED TO MEDICAL		CAUSE OF		S NO	ck only one)		/\		
SICIAN: ME		CONTRIBUTE TO		26. PL OTHER:	ACE OF DEATH (Che			/\		
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BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	HOSPITAL: t Inpetiant 2 ER/O 28a. DATE OF INJUR (Month, Day, Year) 28a. PLACE OF INJU	outpatient 3 DOA	26. PL OTHER: 4 Nursing Home ME OF UNITY WOO M 1 Y	ACE OF DEATH (Che 5 Residence JRY AT RK? ES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW				
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ETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH Netural Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: t Inpetiant 2 ER/O 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, atc. (S)	utpetient 3 DOA 17 28b. Till 18 IN 18Y — At home, farm, peedly)	26. PL OTHER: 4 Nursing Hom ME OF JURY M 1 Y street, factory, office	ACE OF DEATH (Che 5 To Residence JRY AT RR? ES 2 NO	B Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(s) and me	and Number or Rui	rel Route Number,		
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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or death with the State Dept. of Health and Mental Hygiene prior to burial,	- 100
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after death wil	28 is marked, or Item 23 shows any Injury, or other traumatic event,

Donald R Ricl 31. DATE FILED (Month, Day, Year) MAY 2 3 1994

92 REGISTRAR'S SIGNATURE
Jalia Okutlson Randall

	1 - FOR STATE REGISTRAR	STATE OF	MARYL					HEALTH DEAT		MENT	AL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle	, Last)								2. DAT	E OF DEATH	<i>,</i> .		3. TIME OF D	CATH
	CORA MARGARET	HARMAN								MON		100/	YEAR	8:25	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS	7	OF BIRTH	1994	e BiOT	HPLACE (State o	A I
	214-74-2823	1 🗆 M 2 🛣			YRS.	MONTHS	1	HOURS	MIN.	(Mor	th, Day, Year)	1005	Count	(ערוי	rroreign
	9a. FACILITY NAME (If not institution	of the street and number				24 04	74	OR LOCATION			ch 17,	_		ryland	
DIRECTOR	Cuppett-Weeks				klan		ON OF DI	EATH			nty of t				
EC		COUNTY		1	10c CIT	V TOWN	OR LOCA	TION							
ä	Maryland	Garrett		- 1		ak1a		11014						10d. INSIDE C	
7	10e. STREET AND NUMBER	Carrett				INIA		f. ZIP CODI						1 YE\$ 2	
FUNERAL	Rt. 6 Box 153					2155(USA		WHAT COUNTRY	n		
BY FUI	11. MARITAL STATUS 1				ED	13	If yes, sp	CENDENT Concepts Cuba	of HISPAI n, Mexica Specif	in, Puerlo	N? (Specify Ye Rican, etc.)	a or No—	14. RAC Blac Spec	E — American li k, White, atc.	
	15. DECEDENT	In EDMONTION												WILLE	
COMPLETED	(Specify only highes	st grade completed)		16a. DECE (Give	kind of vo	work done	during m	ON ost of workin	g	16	b. KIND OF BU	ISINESS/IND	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or	5+)								0				
M	42 54715794 11415 55 1 1415			П	omen	iake	r					Home	=		
8	17. FATHER'S NAME (First, Middle, L. John S. Weber	est)									Middle, Maiden	Surname)			
BE										_	Ko1b				
2	190. INFORMANT'S NAME (Type/Print Harold R. Harn	.,			MAILING t. 6			nt and Number or Rural Route Number, City or Town, State, Zip Code) 1534 Oakland, Maryland 21550							
	20a. METHOD OF DISPOSITION		20b.	PLACEAN	DDATEC	_				OA.		CATION -			
	1 Burlai 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY									ıd					
	22. NAME AND ADDRESS OF FACILITY P.O. Box 243 Durst Funeral Home - Oakland, Md.										0				
	23. PART I. Enter the disease shock, or heart fe	s, or complications	hst caused	the deat	h. Do n	ot anta	r tha mo	da of dyl	ng, suc	h se cs	diac or resp	Instory sn	rest,	Approx	
- 1	IMMEDIATE CAUSE (Final		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	our mile.											Between and Dasth
	disease or condition resulting in desth)	Cereb	rovas	scu 1	ar	die	.036	0							
		.Cereb	TO (OR AS A	CONSEOU	ENCE OF):	cas	Para .						1 -	
Z	Commendative lies are state	C b.I.oft	Famor	w = 1	£	-4									
E	Sequentially list conditions, if any, leading to immediate	Leftue	40 PONTON	CONSEQU	ENCE OF	etu	re							31/2	wks
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	• Ather	08016	erot.	ic	car	dia	va.co	u115	ra	icoso				
E	that initiated events resulting in death) LAST	OUE	TO OR AS A	CONSEQU	ENCE OF): UI	aro	vasc	ula	ı — u	Iseas	-			
E	resoluing in death) LAS!	d													
- 1	PART II. Other significant con	ditions contributing	to death hi	ut not me	uitina i	o the u	nderivin		dies le	Dort I					
MEDICAL				01 1101 100	untiling i	ii tiie u	ridertyiti	g cause g	hadu in	Part I.	24a. WAS AN PERFO		246	WERE AUTOPS!	OT RO
ā	h <u>ronic anemi</u>	<u>a</u>								_	1 TYES	NO NO		OF DEATH?	F CAUSE
X												21		1 TYES 2	NO
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5	25. WAS CASE REFERRED TO MEDI- EXAMINER?							ACE OF DI	EATH (Ch	eck only o	ne)				
Š	1 TYES 2 NO	1 Inpatient	ER/Outp	atient 3 🗆	DOA	OTHE 4 ₩-Nu		e 5 🗆 Re	sidence	6 🗆 Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		OF INJURY	12	26b. TIMI	E OF	28c. INJ	URY AT			SCRIBE HOW	INJURY OC	CURED		
	1 Naturel 5 Pending 2 Accident investig	3	, Day, Year)		INJ	URY M		PRK? YES 2	NO						
ВУ	2 Cutata	26s. PLAC	OF INJURY	- At home	, ferm, a	treet, fac	tory, offic			26f. LO	CATION (Street	and Number	or Rumi I	Poute Number	
COMPLETED	4 Homicide 6 Could r	DUIIGII	ng, etc. (Speci	ify)						City	or Town, State;)	or riarer?	roote Walkber,	
7	29a. CERTIFIER Check only	PHYSICIAN: To the best	of my knowle	edge, death	occurre	d at the	time, date	and place,	and due	to the ca	use(a) and ma	nner as stat	ed.		
8		(AMINER: On the beals of) and manner a	e stated.
	296. SIGNATURE AND TITLE OF CE		/					29c. LICE							
H	1-1000	& Kuth	200	\								ZPG. DAT	L SIGNED	(Month, Day, Ye	mr)
2	20 NAME AND ADDRESS OF DEDS	ON WHO COMBI ETED C	2 V 7)					300	35			05-	23-94	

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make a firm

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physiolen.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached for use as the burial-granish be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	TAL O	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	OSPI	UNER	ANT.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR	STATE OF MARY		PARTMEN TIFICAT				GIENE 3. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Evelyn C.	Howard					2. DATE OF DE MONTH June		1954	3. TIME OF DEATH 12:00 p
4. SOCIAL SECURITY NUMBER 213-16-7764	the second second	GE (In yrs. last birti	PRS. IF UNDE		IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day, Feb. 28	TH	8. BIRTI	PLACE (State or Foreign ry) Cyland
9e. FACILITY NAME (If not institution, give s 203 Maple Ave	street and number)			y, town on reenst	LOCATION OF		9c. COI	unty of c	
RESIDENCE OF DECEDENT									10d. INSIDE CITY
MD	Caroline		Greens						LIMITS?
10e. STREET AND NUMBER				IP CODE		10g. CI		WHAT COUNTRY?	
203 Maple Ave.	12. WAS DECEDENT EVE	R IN 11 S ARMED	Lia		21639	ANIC ORIGIN? (Spec	Mr. Mrs. as No.		S.A.
1 Never Married 2 Married 3 SWidowed 4 Divorced	FORCES? I Y	ES 2 XNO		If yes, speci		can, Puarto Rican, e		Spec	E — American Indien, k, Whita, atc. Hy: White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give ki	ENT'S USUAL (nd of work done NOT use retired.	during most	of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (I-4 or 5+)		retary	786		De	t Milk	Comr	Nany.
17. FATHER'S NAME (First, Middle, Last)			ccary		6. MOTHER'S N	IAME (First, Middle, I		ally	
Harvey G. Canno	on				Floren	ce Bell	Cannon		
19a. INFORMANT'S NAME (Type/Print)	11					I Route Number, City			
Dorothy C. Scul									
1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	emoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) Greensboro Cemetery 6/7 Greensboro								
21. SIGNATURE OF FUNERAL SERVICE LI	LICENSEE 22. NAME AND ADDRESS OF FACIL								
> Mante	Fleegle-Helfenbein Funeral Home 106 Sunset Ave Greensboro, MD 21							1620	
DUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent condition	d	h but not reaul	ting in the u	inderlying o	tause given i	Р	VAS AN AUTOPSY PERFORMED? YES 2 NO	245	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Tax : Dide of Death (oracle only only)								
1 TYES 2 NO	HOSPITAL:			insing Home		6 Other (Speci	.,	1	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	nr)	b. TIME OF INJURY			28d. DESCRIBE	HOW INJURY ON	CCURED	
3 Suicide e Could not be 4 Homicide detarmined	26a. PLACE OF INJU building, atc. (S	JRY — At home, I Specify)	arm, street, la	ctory, office		281, LOCATION (City or Town	(Street and Number, State)	er or Rural	Route Number,
	ICIAN: To the beat of my kr								a) and manner as state
29b. SIGNATURE AND THE OF CERTIFIE	R			Ř	9c. LICENSE N	UMBER	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WITH		Talew	(Type, Print))e	Eas-	ton M) 2/1	601	
31. DATE FILED (Month, Day, Year)							- 1	- 1	

1		-	FOR STATE REGISTR	AR
1	1.	Di	ECEDENT'S	NA

_	REGISTRAR	CERTIFIC	ATE OF DEAT	H	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	D-1			OF DEATH		3. TIME OF DEATH
-4	MYF	RTLE HOLLO	DWAY	May		1994 YEAR	: M
- 8	4. SOCIAL SECURITY NUMBER 5. SEX 6	8. AGE (In yrs. last birthday)	FUNDER 1 YEAR IF UNDER 2	4 HRS. 7. DATE	OF BIRTH		THPLACE (State or Foreign
	216-09-4892 1 N 2 N F	8 1 YRS.	ONTHS DAYS HOURS		(Day: Year)	NO.	Carolina
	9a. FACILITY NAME (If not institution, give street and number)	90	b. CITY, TOWN OR LOCATIO		00/ 10	9c. COUNTY OF	
œ	1515 Providence Road		Baltimore				timore
DIRECTOR	RESIDENCE OF DECEDENT		Dal Cillole			Dai	CIMOLE
<u>မ</u>	10a. STATE 10b. COUNTY	toc, CITY, Y	OWN OR LOCATION				10d. INSIDE CITY
<u>۾</u> ا	Maryland Caroline		Fed	eralst	urg		LIMITS?
	10e. STREET AND NUMBER		404 717 0005				1 TYES 2 NO
RA	3542 Seamen Road	_1	101. ZIP CODE	21632			what country?
FUNERAL							u states
<u> </u>	11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO	13. WAS DECENDENT OF If yes, specify Cuban				CE — American Indian, ick, White, etc.
BY	1 Never Married 2 Married PORCES? 1 IF YES, GIVE WAT		1 TYES 2 NO		ritouri, uto.j		ody: White
						<u> </u>	WIII 08
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S US (Give kind of work	c done during most of working	16	b. KIND OF BUS	INESS/INDUSTRY	
<u>"</u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use re	etired.)	1	Cloth	ing Mai	nufacture
	12th	Seamst	ress		01000	ing mai	idi actul e
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			ER'S NAME (First,	Middle, Maiden	Surname)	
BE	Spencer El	ugene Hayes	Ne Ne	ttie L	ong Ha	ayes	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	DRESS (Street and Number of	or Rural Route Nun	nber, City or Town	, State, Zip Code)	
임	Jane Holloway	1515	Providenc	e Rd.,	Balt	imore.	ME 21280
	200_METHOD OF DISPOSITION	20b. PLACE AND DATE OF C	DISPOSITION (Name of	DA	TE 20c LOC	ATION - City or	Town State
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory or other	place)	- n. E	C D		4 2
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10011101 01	22 NAME AND ADDRESS	OF EACH ITY			
	> 20 ° 0 0 0 0 0		Framptom	-Hawki	ns-Esl	cow Fur	neral Home
	Muhay t-Giren		PO Box 4				
	23. PART i. Enter the diseeses, or complications that	caused tha death. Do not	antar the moda of dylr	ig, such as car	diac or raspin	ratory arrest,	Approximata
	shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final	e on each line,					Interval Between Onset and Death
	disease or condition	ongestive l	Heart Fail	luna			Onset sild Death
ŀ		OR AS A CONSEQUENCE OF):	Tear or Tarr	ule			
_		Schaemic Ca	andiamuan	A la			i
ERTIFICATION	Sequentially list conditions,	OR AS A CONSEQUENCE OF):	aruromyopa	triy			
A	If any, lasding to immediata cause, Enter UNDERLYING	,					j
윤ᅦ	CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF):					
Ē	that initiated evants resulting in death) LAST	,					
	d						
SAL	PART II. Other significant conditions contributing to d	eath but not resulting in I	the underlying cause gi	ven in Part I.	24a, WAS AN		Nb. WERE AUTOPSY FINDINGS
9. II					PERFOR	MED7	
	Recurrent myocardial	infarction	15		4 C1 986 4	to sin	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ᅙᆘ	Recurrent myocardial	Intarction	15		1 □ YES 2	≥KNO	OF DEATH?
MED	Recurrent myocardial	Intarction	15		1 🗆 YES 2	≥CHO	COMPLETION OF CAUSE
MED	Recurrent myocardial	Intarction				×NO	OF DEATH?
MED	25. WAS CASE REFERRED TO MEDICAL HOSPITAL		36. PLACE OF DE	ATH (Check only a		Жно	OF DEATH?
MED	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 YES 2 NO 1 Inpution 2 1	ER/Outpietlerg 3 DOA 4	26. PLACE OF DE	idence 6 🗆 Oth	re) er (Specify)		OF DEATH?
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ED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 1 Inpution 2 TR. MAINTER OF DEATH 1 Nature 5 Pending Investigation Investigation	EEVOutpietleng 3 DOA 4 NJURY 25b TIME O	26. PLACE OF DE	idence 6 (1) Oth 28d. DE NO 284. LO	er (Specify) SCRIBE HOW IS	LJURY OCCURED	COMPLETION OF CAUSE OF DEATH? † YES 2 NO
ED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINERT HOSPITAL I Inpetiert 2 E 27. MANNER OF DEATH Month S Pending Investigation 2 Accident S Count not be determined Month December 2 Euclide E Count not be determined E E E E E E E E E	ER/Outpietlerg/ 3 DOA 4 NJURY 28h, TIME O HJURY - At home, farm, street, 5560cfy)	26. PLACE OF DE IT HER: Nursing Home 5. Thes 126c. BAJURY AT WORK? 1 YES 2 et. factory, office	NO ZBI. LOI	er (Specify) SCRIBE HOW IS CATION (Street or Even, State)	LJURY OCCURED Not Number or Flure	COMPLETION OF CAUSE OF DEATH? † YES 2 NO
ED BY PHYSICIAN: MEDI	25. WAS CASE REFERRIED TO MEDICAL EXAMINERT 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF Investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER Check only 1 CERTIFIER 1 CERTIFYING PHYSICIAM: To she best of me	ER/Outpietlers 3 DOA 4 NJURY 28h TIME O NJURY RUURY — At home, tarm, stre	26. PLACE OF DE THER: Nursing Home 1, hes FY 26c. BNJURY AT WORK? M 1 VES 2 et, factory, office et the time, date and place,	NO 281. LO	er (Specify) SCRIBE HOW IS CATION (Street a or Even, State)	LJURY OCCURED not Alumber or Flure over on winted.	COMPLETION OF CAUSE OF DEATH? † YES 2 NO
COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1	ER/Outpietlers 3 DOA 4 NJURY 28h TIME O NJURY RUURY — At home, tarm, stre	26. PLACE OF DE THER: Hursing Home 1, hea Hursing Home 1, hea Yes 2 Hursing Home 2, hea Hursing Home 3, hea Hursing H	NO 281. LO 284. DE NO 281. LO 287. LO 287. LO 288. LO	er (Specify) SCRIBE HOW IS CATION (Street a or Even, State)	JUSTY OCCURED nd Number or Flura ner as stated. If due to the cause	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Plouts Mumber (A) and manner as stated.
ED BY PHYSICIAN: MEDI	25. WAS CASE REFERRIED TO MEDICAL EXAMINERT 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF Investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER Check only 1 CERTIFIER 1 CERTIFYING PHYSICIAM: To she best of me	ER/Outpietlers 3 DOA 4 NJURY 28h TIME O NJURY RUURY — At home, tarm, stre	26. PLACE OF DE THER: Nursing Home 1	idence 6 Oth 25d. DE NO 28d. LOI Oth and due to the cs d at the time, det	er (Specify) SCRIBE HOW IS CATION (Street a or Even, State)	AURY OCCURED and Number or Flucts there as stated. If due to the cause 29d. DATE SIGNE	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Ploute Number (A) and manner as stated.
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BE COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRIED TO MEDICAL EXAMINERT 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF LEATH 29. Accident 1 Death Death 2 Death De	ER/Outpietlers 3 DOA 4 NUMBER OF DEATH (ITEM 27) (Type, Pri Dullaney Va	26. PLACE OF DE THER: Nursing Home 1	idence 6 Oth 25d. DE NO 28d. LOI OIT and due to the ca d at the time, det VSE MUMBER 5 5 0 4	ore) ar (Specify) SCRIBE HOW IS CATION (Street a or Even, State) use(s) and man a and place, and	nd Number or Flura ner as stated. d due to the cause 29d. DATE SIGNE 0 5 / 2	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Ploute Mumbes (A) and manner as stated. (b) (A) and manner as stated.

1	7	9	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the baris framen from the befiled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	B	F 7	=

	FOR					94	18813						
	1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH		HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last),	A. HILA	Nd		2. DATE OF MONTH	DEATH DAY	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 214-16-12-44	5. SEX 6. AGE (In yrs. las	of birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTN 8 ay, Ybar)	BIRTHPLACE (State or Foreign Country)						
	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH												
TOR	SALISBURY NURSING & REHAB. CENTER SALISBURY WICOMICO												
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
	10e. STREET AND NUMBER		STATION	101. ZJF CQDE		10g. CITIZE	1 YES 2 NO						
FUNERAL	318 JE/RW			12/811	_	4	54						
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 14 IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISP. If yes, specify Cuben, Mexi- 1 YES 2 NO Specific	can, Puerto Rica		I. RACE — American Indian, Black, White, atc. Specify						
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (\$\sqrt{2}\) College (1-4 or 5+) 166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) 196. KIND OF BUSINESS/INDUSTRY												
COMPLET	17. FATHER'S NAME (First, Middle, Last) College (14 or 5+) REFIRE TRUCK TRIFER'S NAME (First, Middle, Malden Sorhame),												
BE (John Hyland Stalla Hyland												
TO	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zig Code) ANDE TONRY 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zig Code)												
	206. METHOD OF DISPOSITION 1												
	21. SIGNATURE OF FUNERAL SERVICE LI			NAME AND ADDRESS OF	MOLITY C	SAISBU	TSABRILL ST						
	23. PART I. Enter the diseases, or shock, pr heart fellure.	complications that coused the de List Dnly one couse on sech line	eth. Do not ente		ich as cerdied	-11.0							
	IMMEDIATE CAUSE (Fine) disesse or condition	Motor for		motati			Onset and Death						
	resulting in death)	DUE TO (OR AS A CONSE	QUENCE OF	7,5-1,0-1	con		sien.						
TION	Sequentially list conditions, if any, leading to immediate	bDUE TO (QR AS A CONSE	QUENCE OF):										
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):										
CER		d											
PHYSICIAN: MEDICAL	PART II. Other significent condition	ns contributing to deeth but not a	resulting in the u	inderlying cause given i		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
: ME			<u> </u>		_		1 TYES 2 NO						
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one)		1						
YSIC	1 TES 2 THO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 1 Nu	R: Ireing Home 5 🗆 Residence	6 Other (S	pecify)							
	27. MANNER OF DEATH 1 Natural 5 Pending investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCR	IBE NOW INJURY OCCU	RED						
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE QF INJURY — At he building, etc. (Specify)	ctory, office	281. LOCATION (Street and Number or Pural Route Number, City or Town, State)									
COMPLET	oppol	ICIAN: To the best of my knowledge, de ER: On the basis of examination end/or											
- 1	296. SIGNATURE AND TITLE OF CERTIFIE		my and my	29c. LICENSE N		17.4	SIGNED (Month, Day, Year)						
TO BE	W AHIT			D29	349	▶ (e)	14/94						
F	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH ATE	M 273 /Sens Print)		-	/	/						

Nursing & Rehab. 1104 Healthway

Dr. Robins Sa.

31. DATE FILED (Month, Day, Year)

JUN 14 1994 32. JEGISTHAR'S SIGNATURES

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

21801

Salisbury

MD

Dr.



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTI	FICATE O	PUEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF GEATH
	JACQUILINE	MARIE		HOLUBYCK	YJ	June 7, 1994	Y YE	4:00 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthda	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	220-28-4515	1 M 2 XF 5	8 YRS	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) July 29, 193		Country)
	9a. FACILITY NAME (If not institution, give:			9b. CITY. TOW	OR LOCATION OF DE		9c. COUNTY	Virginia
<u>۳</u>	1932 St. Lukes			1000	sbury	AIII		comico
KI	RESIDENCE OF DECEDENT	Noau		J Jai.	isbut y		NI	DITT C
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. C	TTY, TOWN OR LO	ATION			10d. INSIDE CITY
₫	Maryland			Salisbury	7			LIMITS?
A	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
띮	1932 St. Lukes	Rd.			21801		USA	1
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS O	ECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14,	RACE — American Indian, Black, White, atc.
7	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			specify Cuban, Mexican S 2 X NO Specify.			Black, White, atc. Specify:
	3 Widowed 4 Divorced							Thite
E	15. DECEDENT'S EDU (Specify only highest grade	ICATION s completed)	18a. DECEDENT	'S USUAL OCCUPA' of work done during i use retired.)	TION nost of working	16b. KINO OF BUS	INESS/INDUST	RY
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)				
₩.	12		Accou	intant		Account	ing	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					RE (First, Middle, Maiden		
BE	Benjamin (un	k) Mumford			Novella		lize	
6	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
	Nick Holubyckyj					Salisbury	MD 2	1801
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Rem	noval from State 20	b. PLACE AND DAT metery, crematory o	EOF DISPOSITION (Vame of		CATION — City	
	4 Donation 5 Other (Specify)	W	licomico M	emorial Pa		6/11 Sa	lisbur	y, MD
	1/20	11.01	1		AND ADDRESS OF FAC			
1	1811. K	tallowa	-		oway Fune	Rd., Sal	shurv	MD 21801
	23 PART I. Enter the diseases, or shock, or heert fellure.	complications that couse on a	d the death. Do	not anter the n	ode of dying, such	es cardiec or reepir	atory arrest,	Approximate Interval Between
1	IMMEDIATE CAUSE (Fine)			1	M	A (/	1	Onset and Death
	reaulting in death)	a	Granon	a cf	tallbled	la E wid	1 melou	la 3-no
		DUE TO (OR AS	A CONSEQUENCE	OF):				
CERTIFICATION	Sequentially flat conditions,	b DUE TO (OR AS	A CONSEQUENCE	OFI:				
¥	if sny, leading to immediate cause. Enter UNDERLYING			_				Ĺ
Ē	CAUSE (Disesse or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE	OF):				
ᇤ	resulting in deeth) LAST	d.						
2	DART II Other significant are figure							
EDICAL	PART II. Other significent condition	is contributing to deeth I	but not recuiting	g in the underlyi	ng ceuse given in F	Part i, 24a, WAS AN PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă							Van.	COMPLETION OF CAUSE
						1 YES 2	A NO	OF DEATH?
Ξ						1 U YES 2	X NO	. //
₹						1 U YES 2	A NO	1 Tyes 12 1140
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Chec		NO NO	1//
₹	EXAMINER?	1 Inpetiant 2 ER/Out	petient 3 DOA	OTHER:	PLACE OF DEATH (Chec	ck only one)	T NO	1//
PHYSICIAN: MI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		28b. T	OTHER: 4 Nursing Ho IME OF NJURY 28c. II	me 5 K Rasidence 1	ck only one)		1 - YESTS AD
₹	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out	28b. Ti	OTHER: 4 Nursing Ho IME OF NJURY M	me 5 K Residence 8 IJURY AT ORK? YES 2 NO	ck only one) G Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	1 - YES/2/140
BY PHYSICIAN: MI	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 inputiant 2 ER/Out	28b. Ti	OTHER: 4 Nursing Ho IME OF NJURY M	me 5 K Residence 8 IJURY AT ORK? YES 2 NO	ck only one) B Other (Specify)	JURY OCCURE	1 - YES/2/140
BY PHYSICIAN: MI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 inpetiant 2 ER/Out 28a. OATE OF INJURY (Month, Day, 'ber) 28a. PLACE OF INJURY building, stc. (Spe	Y — At home, term	OTHER: 4 Nursing Ho IME OF 28c. If NJURY M 1 1, street, factory, off	me 5 M Rasidence 8 IJURY AT ORK? YES 2 NO	ck only one) Discrete (Specify) Describe How in City or Your, State)	JURY OCCURE	1 - YES/2/140
BY PHYSICIAN: MI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONTROL OF THE CONTR	1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	Y — At home, term	OTHER: 4 Nursing Ho IME OF 28c. If NJURY M 1 I, street, fectory, off	IJURY AT ORKY YES 2 NO	ck only one) Digo Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street as City or Town, State) o the cause(a) and mani-	JURY OCCURE	1 U YES
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BAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	the fun	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam
4	NOUTS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the No Bud within 72 hours after death with the State Dect of Health and Mental Horizone prior to burial cremation, or remove	e medi
	100	natio	t, th
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cute	d co	tic
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

LLOYD C.

4. SOCIAL SECURITY NUMBER

5. SEX

6. AGE (In yrs. last birthdey) F under 1 YEAR IF UNDER 24 HMS. 7. DATE OF BIRTH

	1. DECEDENT'S NAME (First,	MIOOIN, LIISI)				1		2. DATE	OF DEATH	ď	YEAR	3. TIME OF DEATH	
			LLOY	YD C.		HOP	KINSJR			1999	į.	0145 M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE		7. DATE (OF BIRTH , Day, Year)	- 1	B. BIRTHP Country)	LACE (State or Foreign	
	215-26-38	33	1 M 2 F	64		- DA	YS HOURS MIN.		7-192	9		YLAND	
	9a. FACILITY NAME (If not ins	ntitution, give stre	et and number)			96. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUNT	TY OF DE	ATH	
DIRECTOR	PENINSULA R	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO											
Ĭ.	10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	OCATION					10d. INSIDE CITY LIMITS?	
ā	MD.	WICO	OMICO		SA	LISBU	JRY					X YES 2 NO	
AL	10e. STREET AND NUMBER	100					10f. ZIP CODE			10g. CITIZI	EN OF WI	HAT COUNTRY?	
E	805 B, CO	LLEGE	LANE				21801			11	. S. I	Δ.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	RMED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN	? (Specify Yea		4. RACE -	- American Indian.	
	1 Never Married 2		FORCES? 1	YES 2X	NO	If yes	i, specify Cuban, Maxi YES 2 X NO Spec	can, Puerto R	lican, atc.)		Black, Specify	White, atc.	
B	3 Widowed 4 X Divor	ced						,.			apouny	WHITE	
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COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	liho	. Do NOT use	retired.)	g most or working						
를			3	SCH	EDUL	ING S	SUPERVIS	OR I	PUMP	CO.			
ဂ္ဂ	17. FATHER'S NAME (First, Mic	ddle, Last)					18. MOTHER'S N	IAME (First, M	fiddle, Maiden	Surname)			
BE	LLOYD	С. Н	OPKINS,	SR.			LOUI	SE B	AUS				
	19a. INFORMANT'S NAME (Ty)	pe/Print)		19	b. MAILING	ADDRESS (Str	eet and Number or Rura	I Route Numb	er, City or Town	n, State, Zip C	Code)	21801	
임	LLOYD C. I	HOPKIN	III, ZV		514	EMORY	COURT,	APT.	101	, SAL	ISBU	IRY, MD.	
	20a. METHOD OF DISPOSITION 1		cal from State	200, PLACE	AND DATE OF	FDISPOSITIO	N (Name of	DATE	20c. LOC	CATION - CI	ity or Tow	n, State	
	4 Donation 5 Other	(Specify)		WICO			PARK	6/	14 SA	LISB	URY.	, MD.	
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	()	/		E AND ADDRESS OF						
	Select	al (Day	nec's		705	E. MAI	N ST	., SA	LISB	URY	,MD. 21801	
	23. PART I. Enter the dis	seases, or co	mplications tha	t caused the de	eeth. Do no	ot enter the	mode of dying, su	ch ss cerd	lac or respin	ratory sire	st,	Approximate	
П	IMMEDIATE CAUSE (Fine		ist billy one ceu	use on each line	.							Onset and Death	
												Unset and Death	
	disease or condition	+	Lu	ne (1.10								
	disease or condition resulting in death)	→	La DUE TO	(OR AS A CONSE	G MCR_):				_		2 ms 3	
2	resulting in death)	+	DUE TO	(OR) AS A CONSE	G MCE_ OUENCE OF)):		<u></u>					
LION				(OR AS A CONSE									
CATION	resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLY	late NG		0									
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020	be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	cian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1. DECEDENT'S NAME (First, Midgle, Last	E. Hon	unung.	717			2. DATE OF I	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX		at birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	June 7. DATE OF B	3	1994	6:35 PLACE (State or Foreign	
	082-09-4359	1 🗆 M 2 💢 F	8. AGE ffri yrs. les	YRS.	MONTHS DAY		Sept.	13, 19	POT ONE	Bu York	
TOR	90. FACILITY NAME (If not institution, give SALISBURY NURSING RESIDENCE OF DECEDENT		CENTER			BURY, MD.			VICOMIC		
DIRECTOR	10a, STATE 10b. COUN	comack			TOWN OR LO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5524 Main Street	t	1788			23336		10g	U. S.	A.	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR	IMED NO	If yes,	Specify Cuben, Mexic (ES 2 NO Specific	an, Puerto Ricar		0- 14. RACE Bleck Speci	- American Indian, White, White	
E	15. DECEDENT'S ED (Specify only highest grad		/G	ive kind of w	USUAL OCCUP/ ork done during	TION most of working	18b. KIN	D OF BUSINES	S/INDUSTRY		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5	- Ha	. Do NOT use	maker			Self			
E COMPL	17. FATHER'S NAME (First, Middle, Let)	er			3 3/8	18. МОТНЕМЗ Н	ISTEMI	· MSWarv	T°)		
20a. METH 1 Burlel 4 Donar	190 INFORMANT'S NAME (Typo/Print) Yeorge M. Hornur	g	17	407 TOP	ADDRESS (Street)	ner Blvd.	Por Number 9	Wiver, state	"N'eso"Je	ersey 087	
	20a. METHOD OF DISPOSITION 1 General 2 Comments 3 Rei 4 Donation 8 Other (Specify)	movel from State		PLACE AND DATE OF DISPOSITION (Name of Glace) Gery Example of other flace) CALLS UNITY (Rematory				20c. LOCATIO	N - City or To	Win, State Maryland	
	Constance fully of Cepler Chincoteague, Virginia 23336										
RTIFICATION	disease or condition resulting in death) a. SUDDEN PEATH, Prebable MT DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other algorificant condition LISTON PLOY PART II. Other algorificant condition LISTON PLOY LISTON PLOY 25. WAS CASE REFERRED TO MEDICAL		death but not a		70-m	,	1 [. WAS AN AUTO PERFORMED? YES 2 N		WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
SICIAN	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	ome 5 Residence		ecify)			
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TIME INJU	OF 28c.	INJURY AT WORK?		BE HOW INJUR	Y OCCURED	an bestern	
ETED 8	3 Suicide 8 Could not by determined	26a. PLACE 0 building,	OF INJURY — At ho etc. (Specify)	ime, farm, st	lreet, factory, o	fice	261. LOCATION		umber or Rural R	loute Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best of IER: On the basis of a) and manner as stat	
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER	MO			29c. LICENSE NU	MBER 813	29d.	DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	5 110	of H	0 17	gigo hures,	pru	e s	Aus	MO	21801	
	JUN 0 9 19:		H'S SIGNATURE	1.11							

printed the second to the Manager Manager and the

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, La	est)	(1	ERTIF	ICATI	E OF	DEAI		REG.			THE OF POATS
1 1	Catharila	Rosalia	alles					2	MONTH		YEAR	PIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	isl birthday)	IF UNDE	1 YEAR	IF UNDER 2	4 HRS. 7	DATE OF BIRTH		. BIRTNPLA	CE (State or Foreign
	217-10-9295	1 🗆 M 2 💢 F	85	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Yea)		country) aryla	nd
E E	9e. FACILITY NAME (If not institution, gi	ve street end number)			9b. CIT	, TOWN O	R LOCATIO	OF DEAT		_	Y OF DEATH	
DIRECTOR	Umms				Bo	41	2011:	2	with	1001	130	wil
EC	10e. STATE 10b. COU			10c. CIT	Y, TOWN	OR LOCAT	ION				100	. INSIDE CITY
E E	Maryland I	Frederick				Fre	deric	k			ıχ	LIMITS?
PA:	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
严	379 Pearl Stre	eet					21	701			U.S	.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	FORCES? 1 YES 2 NO If ye					Mexicen, F	ORIGIN? (Specify Puerto Rican, etc.		Black, Wi	American Indian, ille, etc. White
ED	15. DECEDENT'S E (Specify only highest gi	EDUCATION		ECEDENT'S					16b. KIND OF	BUSINESS/INDU:	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of w e. Do NOT us	e retired.)				Marvl	and Sch	001 F	or
COMPLET	6		Fo	od Se	rvic	e Wo	rker			The De	af	
8	17. FATNER'S NAME (First, Middle, Last)	TT TT	D-1				18. MOTNE		(First, Middle, Ma			
BE	19a. INFORMANT'S NAME (Type/Print)	Harry W.							ie M. B			
2	Mr. George W. Ha	aller. TIT	- 1							Town, State, Zip 0	,	
	20a, METNOD OF DISPOSITION	TNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION City or Town, State										
	1 XBuriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	lamoval from State	cametary, cr Mount	oliv	ther place)	emet	erv.	6-22		rederic		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. K	NAME AN	D ADDRESS	OF FACIL	my	Funera	1 Hom	e 2170
	► Allan	IL Ru	by MO	0703	1	06 E	ast C	hurc	h Stree	t, Fred	erick	. Md.
	23. PART i. Enter the diseases,	or complications the	aused the d	eath. Do n								Approximete
	shock, or heart feilu iMMEDIATE CAUSE (Finel	re. List only one car	use on each lin				- 11				İ	Onset and D
1	disease or condition resulting in death)	Mult	syste	~ 0	20ge	2	fee hy	K				14 de
		DUE TO	OR AS A CONSE	EOUENCE OF	7:							7 - 1
S O	Sequentially list conditions,	b. DUE TO	O LOR	COLLENCE OF	ā.							30d
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		(011 110 11 001102	OOLNOL OI	,.							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	F):							
ш	resulting in death) LAST	d										
	PART ii. Other aignificant condit	tiona contributing to	death but not	reaulting I	n the u	nderiying	cause gl	ven in Pa	rt i. 24a, WA	S AN AUTOPSY	24b. WEI	RE AUTOPSY FINDI
C	ARDS									FORMED? S 2 - NO	CO	ILABLE PRIOR TO IPLETION OF CAU
									_ '0''			DEATH? YES 2 NO
MEDICAL												
AN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATN (Check	only one)			
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			Other (Specify)			
AN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2		28b. TIM	4 🗆 Nu	R: rsing Nome 28c, INJI WO	e 5 Res	Idence 6	Other (Specify)	DW INJURY OCCU	RED	
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ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	POSPITAL: 1 Inpatient 2 28e. DATE Of (Month, I) be 28e. PLACE of building	FINJURY Day, Year) OF INJURY — At h , etc. (Specify)	28b. TIMI INJ ome, farm, a	4 Number	R: rsing Nom 28c. INJI WO 1 Y tory, office	e 5 Res	NO 26	Other (Specify) Bd. DESCRIBE No. B1. LOCATION (St. City or Town, S the cause(e) and	reet and Number or itate)	r Rural Route	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	POSPITAL: 1 Inpatient 2 28e. DATE Of (Month, in patient) 28e. PLACE to building 1 14 INSTITUTE TO the best of the patient of t	FINJURY Day, Year) OF INJURY — At h , etc. (Specify)	28b. TIMI INJ ome, farm, a	4 Number	R: rsing Nom 28c. INJI WO 1 Y tory, office	e 5 Ree URY AT RK? 'ES 2 a and piece, o	NO 26	Other (Specify) Bit. LOCATION (St. City or Town, S the cause(s) and we, date and place	menner as stated a, end due to the	r Rural Route I. cause(e) and	

PLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

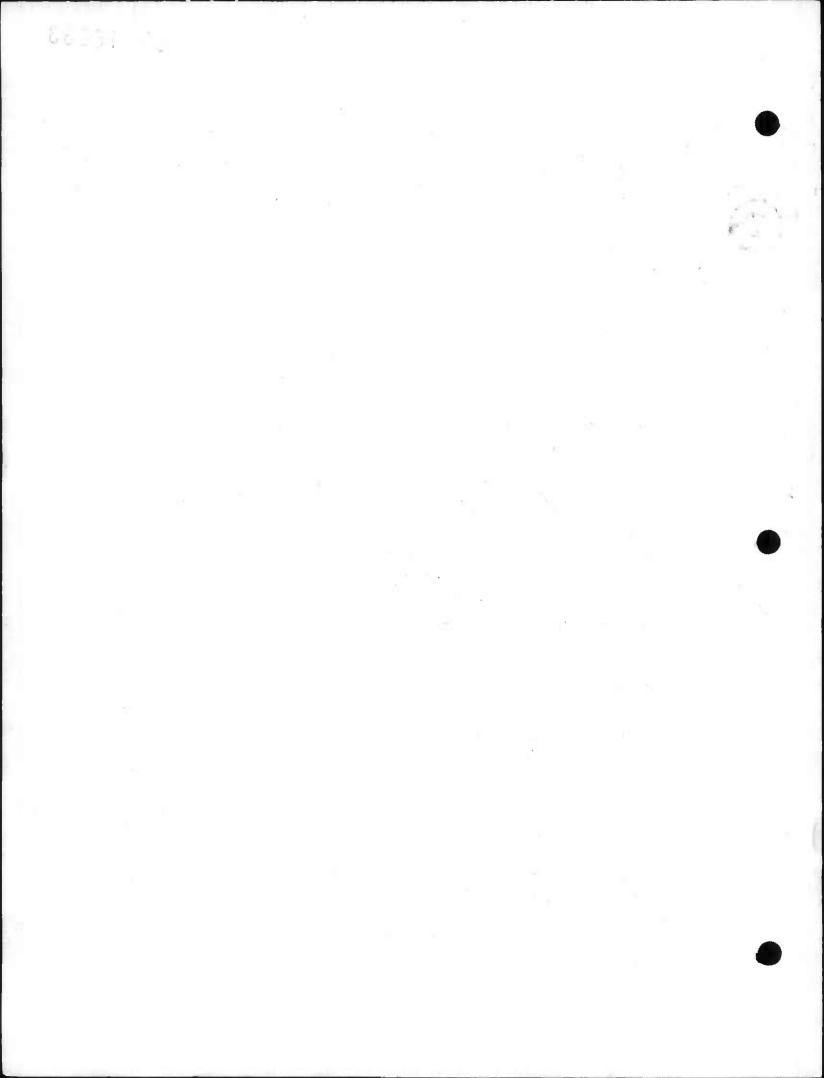
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32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the euraling the filled within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ATTE	ECTO aff	n 28
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

_	TIEGIO TTEGI				OLITTI	IOAIL	_ 01	DLA			HEG. NO.				
	1. DECEDENT'S NAME (First, Mary	Har	per	. 0		2	0):	June 12, DAY 1994 YEAR 10 -			3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS	7. DATE OF	BURTH	-	R BIRTI	IPLACE (State or Foreign	
	578-07-073		1 🗆 M 2XXF	79		MONTHS	DAYS	HOURS	More.		28, 1	915		shingtonD.C.	
	90. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	9c. COUNTY OF DEATH		
DIRECTOR	15003 Lau		ks Lane			Laurel						P.G.			
B	10e. STATE	10b. COUNT	γ		10c. CIT	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY			
	Md.	Prin	ce George	е	L	Laurel								YES 2 NO	
₹	10e. STREET AND NUMBER						10	f. ZIP COD						WHAT COUNTRY?	
	15003 Laui	cel Oa	ks Lane				2	2070	7			U	.S.A	•	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, OIVE WAR OR DAT				X NO		If yes, sp	CENOENT CONCESS 245 NO	in, Mexica	NIC ORIGIN? in, Puerto Ric y:	(Specify Yes an, etc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, etc.	
	3 Midowed 4 Divo	reed							-3.					white	
		EDENT'S EDU highest grade		164	(Give kind of life. Do NOT u	USUAL O	CCUPATI	ON ost of worldi	ng	16b. K	IND OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			+)	House					Н	ome				
δI	17. FATHER'S NAME (First, M	iddle, Last)						18, MOT	HER'S NA	ME (First, Mic	Idle. Meiden	Sumame)			
	Edward B.	Wayso	n			Mary Creq									
H	190. INFORMANT'S NAME (7				19b. MAILING	ADDRESS	S (Street		_	Route Number		7. State 7	o Cordet		
2	Penelope I	H. Bou	rne		5466	30th	Str	eet		Was	hingt	on,	D.C.	20015	
	20e. METHOD OF DISPOSITI 1 X Buriel 2 Cremetlo 4 Donation 5 Other	n 3 🗆 Rem	ovel from State	20b. PLA cemeteo Ced	ar Hil	of bispos ther place) Cel	nete	eme of		6/1				wn, state Maryland	
	21. SIGNATURE OF FUNERA	SERVICE DO	DEMSEE 1					ND ADDRE							
	· Grey.		1				eral ve.			đ.	20707				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARRHYTHMIA. DUE TO (OR AS A CONSEQUENCE OF): Consultably list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CONSULTABLE (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL	PART II. Other significa Hypwte Chromis	iseu	20					4a. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
5	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:					LACE OF D	EATH (Ch	eck only one)					
PHYSICIAN:	1 TES 2 NO		1 Dinpatient 2	☐ ER/Outpatier	nt 3 🗆 DOA	4 Nun		no 5 MR	esidence	6 🗆 Other (Specify)				
5	27. MANNER OF DEATH	Pending	28e. DATE Of (Month, E		28b. TIN	IE OF JURY	W	JURY AT DRK?	99	28d. DESC	NOH 38IF	VJURY OC	CURED		
20		Investigation				М		YES 2	NO						
2		Could not be determined	28e. PLACE C building,	OF INJURY — A atc. (Specify)	At home, farm,	street, fact	ory, offic	:0	4	28f. LOCAT City or	ION (Street e Town, State)	nd Numbe	r or Rural	Route Number,	
COMPLE	email .		ICIAN: To the best of											s) end manner as stated.	
O BE C	200 Signation AND TITLE	OF CENTIFIE	and	lex	up			29c. LIC	ENSE NUI	MBER 364		29d. DAT	TE SIGNED	(Month, Day, Year)	
	M . H . CHA	PERSON WH	Rymp. 1	7610	Cars		Ave	#30	OTA	Komi	3 PU	. n	rd.	20912	
	31. DATE FILED (Month, Day,	5 1994		R'S SIGNATUR	Renfall			- 5	H						
														OUNTY 10 Day 100	



MI S 1994 STEWNSON

OR ATTENDING PHYSICIAN: The

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DIRECTOR: /

FUNERAL (HOSPITAL

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JUN 1 4 1994

31. DATE FILED (Month, Day, Year)

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MOSLEWICZ

12. REGISTRAR'S SIGNATURE

34 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)

burial-transit

for		
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u		-
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page		4
director,		thank on them 93 about and talence to other bearings to second the months of anomalous and the mostly of anomalous
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH
MONTH
6 - // 3. TIME OF DEATH 11-7:40 Pm 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218 HOURS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9g. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH Dorchester H Dorchester General Hosp. DIRECTOR 10 Cambridge RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY 10d. INSIDE CITY Cambridge MD. Dorchester TES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 403 E. Appleby Ave. 21613 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If was, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yee, specify Cuban, Maxican, Puerto Rican,

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) office manager civil engineering 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Samue1 Lofton Hurley Iola Pearl Hurley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Edith S. Hurley 403 E. Appleby Ave., Cambridge MD 21613 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE E. New Market Cemetery 6/15 E. New Market Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge Maryland 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** HEART F-AILURE disease or condition resulting in death) SONGESTIVE 1 YENR DUE TO (OR AS A CONSEQUENCE OF). ARTERY DRONARY CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING THEROSCLEROSIS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY PERFORMED? MARCITUS 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 - YES 2 NO BY 28e. PLACE OF INJURY — All home, tarm, street, factor building, atc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 is 6 Could not be determined COMPLETED 4 Homicide If item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 13 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER

MO.

29c LICENSE NUMBER

D-16609

BYEN

503

2161

29d. DATE SIGNED (Month, Day, Year)

ST. CAMBRIDGE



TO THE HOSPITAL DR AITENDING PHYSICIAN: The law requires that the death certificate be executed within Exthours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	r removal.	iMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
d within 25 ho	ampletely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the m	
ate be execute	nysician and co	prior to buria	r traumatic	
death certific	attending pt	entai Hygiene	ıry, or othe	
ires that the	signed by the	lealth and Mi	ws any inju	
The law requ	ite has been	ate Dept. of	ет 23 sho	
PHYSICIAN:	this certifical	n with the St	arked, or It	
ATTENDING	IECTOR: After	rs after deat	п 28 is m	
HOSPITAL DR	UNERAL DIR	vithin 72 hou	ANT: If Iter	
TO THE !	TO THE F	be filed v	IMPORT	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	ERTIF	ICATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	A					OF DEATH			3. TIME OF D	EATH
	Mary L.	IZER				JU	NE 20,	1994	YEAR +	8:23	Α
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE	OF BIRTH		6, BIRTI	IPLACE (State o	Foreign
	214-09-2709 1 D M 2 🔀 F	80	YRS.	MONTHS DAY		Fe	th, Day, Year) b. 27,			ennsylv	ania
OR	98. FACILITY NAME (If not institution, give street and number) Pacific Town or Location of Death Ravenwood Lutheran Village Hagerstown Washington RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY								10d, INSIDE CITY		
	Maryland Washington									LIMITS?	
FUNERAL	100. STREET AND NUMBER 19812 Evelyn Avenue		2	101. ZIP CODE 1742				S.A.	WHAT COUNTRY	77	
à l	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. AR 1 YES 2 AA E WAR OR DATES	MED 10	If yes,	Specify Cuben, Mexic (ES 2 NO Specific No.)	can, Puerto	N? (Specify Yea Rican, etc.)	or No—	14. RACI Blac Spec	E — American I k, White, atc. Hy: White	ndlen,
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gi	ive kind of w	USUAL OCCUP		16	b. KIND OF BUS	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 1 2	5+) Hfe.	L.P.	e retired.)	•		Nursin	ıg			
Š	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	NAME (First,					
BE (Jessie Myers				Nancy	A. I	Boppe				
စ္	19a. INFORMANT'S NAME (Type/Print)	198			et and Number or Rura					1 01	7.4.0
	James Izer				n Avenue						742
	1 _Burlai 2 _ Cremation 3 _ Ramoval from State 4 _ Donation 5 _ Other (Specify) \	cemetery, cre	matory or ot	of Disposition	1.0	22 O/		CATION -			ا ـ ـ ـ ـ ـ
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. Res	с па		netery 6-					Maryl. 1 Home	and
	1 STATION	inne	1		E. Wilso						21740
L CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL	Military of Section Se	denie		A B	enertie enertie	in	24s. WAS AN PERFOR	MED?		NAME AUTOPS' AVAILABLE PRI COMPLETION (OF DEATH? 1 YES 2	OF CAUSE
22	EXAMINER? HOSPITAL:	? ☐ ER/Outpetlent 3	_ aaa	OTHER:	PLACE OF DEATH (
PHY	27. MANNER OF DEATH 26s. DATE		26b. TIMI	E OF 26c.	ome 5 Residence INJURY AT WORK?	_	SCRIBE HOW I	NJURY OC	CURED	_	
red BY	2 Accident Investigation	me, ferm, s	M 1 YES 2 NO street, factory, office 281. LOCATION (Street, factory, Office)				ret and Number or Rural Route Number, ste)				
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of the best one)									s) and manner a	e stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	16	29c. LICENSE NUME			UMBER	MBER 29d. DATE S			Month, Day, Ye	er)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	H 270	DU 1857				4/20/84				
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE	1000	178							

C. u. J. . . .

1	-	STATE REGISTR	Αŀ
Г	1 0	ECEDENT'S	M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

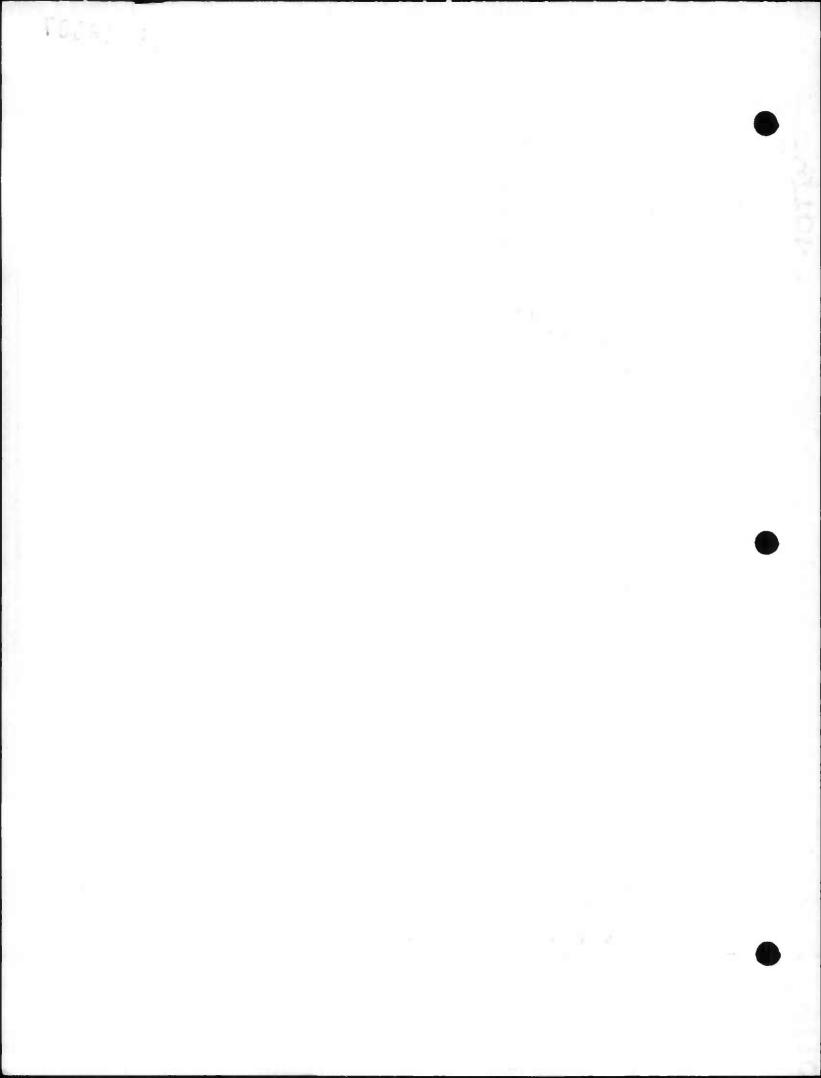
	REGISTRAR CERT	IFICATE C	F DEATH	REG. NO							
- 8	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
13	DONALD EDMOND INSLEY	In.s	lew .	JUNE 11	1991	() 555 M					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthd	day) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign					
117	219-22-4878 1⊠M2□F 66 YR	RS. MONTHS DAY	B HOURS MM.	(Month, Day, Year) Oct . 12,		Maryland					
	9e. FACILITY NAME (if not institution, give street and number)	9b. CITY. TOW	/N OR LOCATION OF DE			OF DEATH					
Œ			LISBURY	24111							
6	RESIDENCE OF DECEDENT	SAI	LISBURY		MICC)MICO					
E I	10a. STATE 10b. COUNTY 10c.	19c. CITY, TOWN OR LOCATION				10d. INSIDE CITY					
DIRECTOR	Md. Somerset	Prince	ess Anne			1 YES 27 NO					
			101, ZIP CODE		10a CITIZEI	N OF WHAT COUNTRY?					
RA	31044 W Dort Ossina Dani										
FUNERAL	31944 W. Post Office Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		21853			S.A.					
		If yes	specify Cuban, Mexica		1 or No.— 14	. RACE — American Indian, Black, White, atc.					
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1946-1947	10	res 2 JANO Specifi	,		SoowWhite					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NT'S USUAL OCCUP	ATION	16b. KIND OF BU	PINESC /INDIA						
E	(Specify only highest grade completed) (Give kind life, Do NC	d of work done during OT use retired.)	most of working	166. KIND OF BU	SINESS/INDUS	TRY					
2	Elementary/Secondary (0-12) College (1-4 or 5 +)		lephone (20							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	x r. ie.		ME (First, Middle, Meiden	_						
ŏ	Military D. Toward										
BE	William R. Insley 190. INFORMANT'S NAME (Type/Print) 191. MAIL			arie And		<u> </u>					
2		LING AOORESS (Stre	et end Number or Rural I	Route Number, City or Tow	n, State, Zip Co	cess Anne, Md					
	Lors w. Instey 319										
	1 ─ Burial 2 □ Cremation 3 □ Removal from State cemetery, cremetery	ATEOF DISPOSITION or other place)	(Name of	OATE 20c. LO	CATION — CH	y or Town, State					
	4 Donation 5 Other (Specify) Bival	ve Ceme	etery	6/13 Bi	valve	, Md.					
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AND ADDRESS OF FA		_						
	omeline di Massella	rie	SSICK Full	neral Hon arvland	ne,P.	0. Box 61					
	23. PART t. Enter the diseases, or complications that caused the death. D	Do not enter the	mode of dving. auc	h as cardiac or rean	CIOI4	t, Approximata					
	shock, or heart failure. List only one cause on each line.			. aa aa aa aa aa aa aa aa aa aa aa aa aa	actory arrow	interval Between					
	IMMEDIATE CAUSE (Final disease or condition	1.161 0		/		Onset and Death					
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
8	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										
F	oue to (or as a consequence of): if any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE	CE OF									
Ē	resulting in death) LAST					İ					
CERTIFICATION	d										
اب	PART II. Other significant conditions contributing to death but not resulting	ing in the underi	ying cause given in	Pert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS					
DICAL				PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MED				_	TNO	OF DEATH?					
Σ	DID TORACCO LICE CONTRIBUTE TO CALLET	OF DEATH	VEC 53 140			1 - YES 2 - 40					
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE C										
를 디	EXAMINER? HOSPITAL:	OTHER:	. PLACE OF DEATH (Ch								
₹	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DO 27. MANNER OF DEATH 28e. DATE OF INJURY 28b.		fome 5 Reeldence								
표	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b.	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCUP	RED					
BY	2 Accident Investigation		YES 2 NO								
		rm, atreet, tectory, c	ffice	26f, LOCATION (Street City or Town, Stete)	end Number or	Rural Route Number,					
E	4 Homelos determined										
7	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occ	corred at the time, o	fate end place, end due	to the cause(e) end me	ner ee stated.						
COMPLETED	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investig										
			29c. LICENSE NUN								
BE											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAOSE OF DEATH (ITEM 27)	(Type Print)	101	67	6	-/1-77					
		MEDICINA	farmen.	6.	-0	10 1101					
	31. DATE FILED (Mgnin, Pay, Mar) 32. AEGISTRAR'S SIGNATURED	MEDICAL	CENTRE	JA41S 150	Ry M	14 1100					
	31. DATE FILED (MONTH DOWN 1841) 32. MEDISTRAN'S SIGNATURE JULY DAWELLEN RANGE	U.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 8 may the intained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the florents director, page 5 should be detached by use as the furnish transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remnal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiliner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

ION



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	ars after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transs be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-transferenced.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	W.	Jones			2. DATE OF		1994	3. TIME OF DEATH 4:56 PM	
	044 04 4040	□ M 2 🖄 F 57	YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	17, 19	36 Mar	yland	
TOR	Shady Grove Hospit		R LOCATION OF DI Ly Grove	EATH	90	Montgo				
DIRECTOR		tgomery	Gaithe	rsburg			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
FUNERAL	100. STREET AND NUMBER 19427 Brassie Place			101	20879-	10	-	VHAT COUNTRY? S.A		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 X Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	If yes, spi	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	an, Puarto Rica		Black	- American Indian, k, White, atc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TON 160 mpleted) 160 College (1-4 or 5+)	SUAL OCCUPATION IN CONTROL OF THE PROPERTY OF	done during most of working tred.)						
BE COM	17. FATHER'S NAME (First, Middle, Last) JOSEPH H. W.	incepet.	16. MOTHER'S NA			eme)				
10	190. INFORMANT'S NAME (Type/Print) Debbie Ann Shelton	,			nd Number or Aural L Dr. DC					
	206. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Removed from State									
	23. PART I. Enter the diseases, Dr con	nplicatione that ceused th	e deeth. Dp np		Funeral		Smith	sburg, N	d. 21783	
	shock, or heart feilure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in desth) s	t only due ceuse on eech	line.						Interval Between Onset and Death 2 h / / .	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PERFORMED? 1 VES 2 1 NO OF DE								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	DID TOBACCO USE CC 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	41-				
HYS		OSPITAL: Unpatient 2 ER/Outpatien 28a. DATE OF INJURY	nt 3 DOA 4	OF 28c. INJ		1	pecify)	RY OCCURED		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) NA	INJUI	M 1 🗆 Y	ES 2 NO	1.57				
	3 Suicide 6 Could not be 4 Homicide determined									
COMPLETED		N: To the best of my knowledg On the basis of axamination en) and menner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER A CLASS 30. NAME AND ADDRESS OF PERSON WHILD CO	29c. LICENSE NUMBER			29	29d. DATE SIGNED (Month, Day, Year) 6//9/17				
		Mosusur	72, M.D	rini) P. 19	1812 1	hyle:	6-1 6	u - n	coler le tel	
	31. DATE FILED (Month, Day, Year)	32. GECTETRATE SIGNATUS	RE							

BJU

BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be retained by the hospital or attending phy	letely filled in by the funeral director, page 5 should be detached for use as the bu emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH	P	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Helen Geraldine							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia	el hirthdey)	IF UNDER 1	VEAD	IF UNDER 24 HRS.	June		1994		IPLACE (State or Foreign
	217 48 4122 1□ M 2 🗵 F 63			YRS.		DAYS	HOURS MIN.	May]	y, Year)	31	Count	ry)
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY O					INTY OF C	DEATH	
DIRECTOR	277 South Potoma	ac Street			Hagerstown Washington					gton		
i i							ION					10d. INSIDE CITY
		3			agers	tow	m					LIMITS?
FUNERAL	10e. STREET AND NUMBER		_	101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?		
莭	277 South Potoma				21740				US	A		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2			RMED			ENDENT OF NISPA			or No-	14. RAC	E American Indian, k, White, etc.
2	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES GIVE WAR OR DATES					2 K NO Specif		1,:etc.)		Spec	
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			Sive kind of a	USUAL OCC	CUPATIO	ON st of working	16b. KIN	D OF BUS	INESS/IN		100
	Elementary/Secondary (0-12)	lite	o. Do NOT us	e retired.)				raft	sto	ra		
COMPL	17. FATHER'S NAME (First, Middle, Last)	0					18. MOTNER'S NA				10	
	Chester Karl Man	ctin						e E. Wa				
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural F							Route Number, (City or Town	, State, Zij	p Code)		
-	William C. Jones	3		277	S. Po	tom	ac Stree	et, Hag	erst	own,	Md.	21740
	20e. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 2 Donetton 5 Other (Specify) 20b. PLACE AND DAT cemetery, cremetory or ROSE FIL							DATE	l .		-	own, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	RUSE	s urr						erst	own,	Maryland
	Scritt	m	nani	el.			CH FUNER			0010	t or m	, Md. 21740
CERTIFICATION	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrast, shock, or heart fellure. List only one ceuse on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Met 45 to 1 beautiful Canacit Conacit to Bone DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
í	reaulting in deeth) LAST	d										
DICAL	PART II. Other significent condition	ne contributing to d	leath but not	rasulting i	n the und	lerfying	g ceuse given in		PERFORI	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH?
Σ												1 TYES 2 NO
	DID TOBACCO USE	CONTRIBUTE	TO CAL	JSE OF	DEAT	H \	ES N	D BH				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch	eck only one)				
PHTSICIAN:	1 TYES 2 THO	1 Inpatient 2		_	4 - Nurel	ng Nom	5 Sealdence					
	27. MANNER OF DEATN Netural 5 Pending Investigation	28a. DATE OF II (Month, Day		26b. TIM INJ	E OF 2 URY M		URY AT RK? 'ES 2 NO	28d. DESCRI	BE NOW IN	IJURY OC	CURED	
IED BT	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, farm, s	street, factor	1 123 2 100			Route Number,			
COMPLEIED		ICIAN: To the best of n										a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						n, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Year)					
0 0	Man E. Mac	Man E. Moren it				D73815 16/20/94						
=	30. NAME AND ADDRESS OF PERSON WI Mary E. Mone	y, M.D.	19414	M 27) (Type,	Print) eiter	she	ng Pik	e, Ha	gers	town	1, 1	nd 21782
	31. DATE FILED (Month, Day, Year) JUN 2 1 199	32. REALSTRAR	S SIGNATURE						-			

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Sec.	9	700	
200	BALTIMORE, MARYLAND 21215-0020	filter death, Page 6 may be retained by the hospital or attending physician. If the funeral director, page 5 should be detached for use as the burial-training per	
	AORE,	e 6 may be rector, page	
	SALTIN	r death. Pag	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

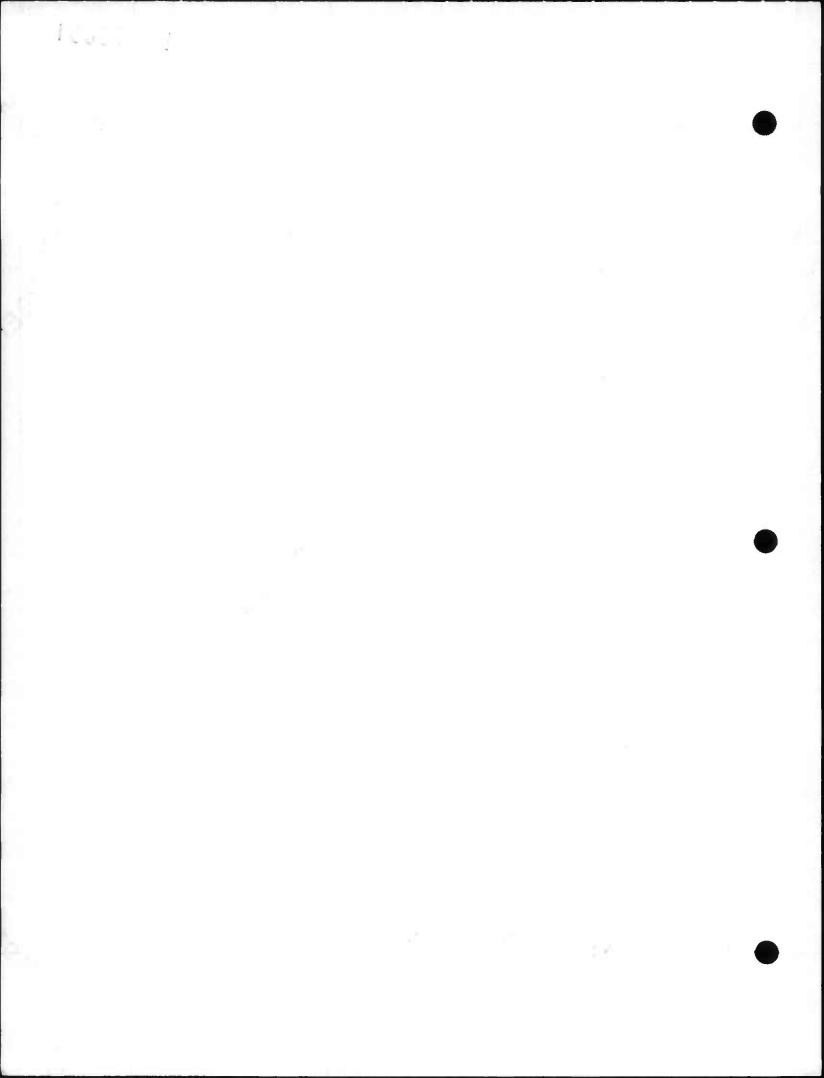
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF	DEATH
	Joseph	М.		Jamison	ı	May 24	1994		3:05A	M.
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIFT	PLACE (State	
	251-18-7976 「泉	M 2 🗌 F	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct. 21,	1923	Count		rol
	9s. FACILITY NAME (If not institution, give street and	number)	70	9b. CITY, TOWN	OR LOCATION OF DE			JNTY OF D		1101
٣ ا	Memorial Hospital	at Fact	m	Easton			To	1bot		
5 1	Memorial Hospital	at rasti	JII I	Laston			1 1a	TDOL		
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE	CITY
		oline			Dento	n			1 YES 2	
ਡ਼	10e. STREET AND NUMBER			10	f. ZIP CODE		10g, Cl	TIZEN OF Y	WHAT COUNTY	RY?
FUNERAL	68244 Hobbs Road				21629		1	U.S.	Α.	
2		ACES? 1 YES	U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	C ORIGIN? (Specify	res or No-		E — American k, Whits, sic.	Indian,
B		YES, GIVE WAR OR D			S 2 NO Specify			Spec	lly:	
				_1					casia	n
<u>"</u>	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed)	(Give kind of w	ork done during m	ON ost of working	16b. KIND OF E	USINESS/IN	DUSTRY		
		ge (1-4 or 5 +)	Painti		tractor	Pa	inti	na		
COMPLETED	11 HS grad. Not	ie	Tainer	ing cor						
	The second secon					ME (First, Middle, Maid		- 31		
BE	John Alv:	<u>in Jami</u>				11ie Eu			exand	ier
၉	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural F				0	707
	Deborah Brinkman	-			Road, S					0 /
	1 x Burisi 2 Cremation 3 Removal fro	m Stats cem	PLACE AND DATE Of telery, crematory or other	her place)			LOCATION -			
	4 Donation Other (Specify)	2μ	enton (ento:	n, M	laryla	and
- 0	21. SIGNATURE OF THE HALL SWILL COLUMN	/(1)			e Funeral		Δ.			
	(\auco Int	-1 /6c	y		er B, Den			2162	9	
	23. PART i. Enter the diseases or complic	etione that caused	the deeth. Do n	ot enter the me	ode of dying, auch	as cerdiac or rec	piratory e	rreat,		ximete
	ahock, or heart fallure. List on IMMEDIATE CAUSE (Finel	ly one ceuse on e	ach line.							al Bets
	disease or condition	Stante	loccoa	00 000	nonen -	o situe es	má			Dal
	resulting in death) e		CONSEQUENCE OF):	would pl	7				CC
_	- 1	Witral	ralas	omplace	reus s	Colonia	ahras	MAL	, I Ye	an
ᅙᆘ	Sequentielly liet conditione, If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):	1	y-conce	0000		1	
₹	CAUSE (Disease or Injury	KUROKON	act OI	d post	LV MI	Fallerta	oxe	22	1 46	2au
CERTIFICATION	that initiated events	OUE TO OF AS A	CONSEQUENCE OF):	/	1				
ᇤ	resulting in deeth) LAST	every u	ownery	auto	un de	seare			1 V	en
5	PART II, Other eignificent conditions contr	ribusting to death to	0	- 46						
DICAL	Dialoto	1/14.	. not readiling i	ii die underlylf	iA cansa dinau ju		AN AUTOPSY ORMED?	246	AVAILABLE PI	RIOR TO
ă	Bled is do	will				- XXYES	2 NO		OF DEATH?	OF CAL
ME	georgeone					_			1 TYES 2	□ NO
ÿ										
PHYSICIAN		PITAL:		28. P	LACE OF DEATH (Che	ck only one)				
2		patient 2 ER/Oulp		4 Nursing Hor	ne 5 🗆 Residencs	6 Other (Specify)				
ᇤ	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME	JRY W	JURY AT ORK?	28d. DESCRIBE NOV	V INJURY O	CCURED		
à I	2 Accident Investigation		L		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	Be. PLACE OF INJURY building, stc. (Spec	— At home, ferm, a	treet, factory, offic	ce	28f. LOCATION (Stree City or Town, Sta	et and Number te)	er or Rural I	Route Number,	
7	29a. CERTIFIER (Check only	the best of my know	ledge, death occurre	d at the time, dat	e and place, and due	to the cause(s) and n	nenner as sta	sted.		
COMPLET	one) 2 MEDICAL EXAMINER: On It								s) and manner	as stat
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. DA	TE SIGNEO	(Month, Day,	Ybar)
BE	Kleinhardt Si	ehmol.	(M)		D341	033	I	. 3	5	
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				1ay ≤		199/
	KEINHARDT ST	AHMEL	mD.	LAB	MEMO	RIAL	40,10	F	ACTON	w
	31. DATE FILED Month, Day 960(1)	The level of Marine	ATURE andels	-	- , , 5,,,,	1-11/- /	,,,,,,	-	- / //	///
	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT									

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in	BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-trainsif or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ransition per the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
,	1. DECEDENT'S NAME (First, Midgle, Last)	Johnson	V		2. DATE OF DEATH DAY	YEAR S. TIME OF DEATH				
H	4. SOCIAL SECURITY NUMBER 124-09-8784	1 D M 2 DF 8	YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) OCT 10, 1910	8. BIRTHPLACE (State or Foreign Country)				
TOR	98. FACILITY NAME (If not institution, give st 23254 H. M.) RESIDENCE OF DECEDENT	1:/Bourne &	d. Z	eal Island	eath sc. co	comerset				
DIRECTOR	10e. STATE / 10b. COUNTY	merset	Dea	I Island		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO				
FUNËRAL	23256 H. M.	ilbourne 1	Rd.	101. ZIP CODE		CITIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO			14. RACE — American Indian, Black, Whita, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use retin	one during most of working ad.)	166. KIND OF BUSINESS/	INDUSTRY				
OMP	17. FATHER'S NAME (First, Middle, Last)		Dom	16. MOTHER'S NA	ME (First, Middle, Maiden, Surname					
10 HOMAS Parker Prelia Lollins										
٩	Sarah Eliz.	Brown	233/0	Hess (Street and Number of Rural H. Milbeut	Ploute Number, City of Town, State,	Island, md. 282				
	20a. METHOD OF DISPOSITION 1 Deutis 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE OF DIS	tey Cometary	6/11 Deal	J- City or Town, States Is Mand, Md.				
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE		28. NAME AND ADDRESS OF FA	WATSON FUN Rd. Salis	Epal Home				
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that caused List only one cause on e	I the death. Do not an ach ilne.	nter the mode of dying, suc	h as cardiac or respiretory	Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ADVANCED	CARA!	Dona of	CERVIX	Onset and Dauth				
NOI	Sequentially list conditions, DIF TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ËRT	resulting in death) LAST	d								
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? AMILIBLE PRIOR TO									
PHYSICIAN: MEDIC					1 YES 2 1 10	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOGRITAL		26. PLACE OF DEATH (C)	eck only one)					
IYSIG	1 VES 2 N/NO 27. MANNEB OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outp	etlant 3 DOA 4 D	HER: Nursing Home 5 Danieldence						
BY Ph	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	T TES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED				
	3 Suicide 4 Homicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
8 1										
H	296. SIGNATURE AND TITLE OF CERTIFIER	Dom	W0	29c. LICENSE NU	MBER 29d, 0 ▶	DATE SIGNED (Month, Day, Year)				
		O COMPLETED CAUSE OF DE OCNEY 30	ATH (ITEM 27) (Type, Print)	290. LICENSE NU DYY LONGO Rd	MBER 29d, C	CATE SIGNED (Month, Day, Year)				



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT/	AL HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3.	TIME OF DEATN		
	DAMON			JEN	KINS	JÜNE 6	AY Y	94	11:05 A.		
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. las		OER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.		ACE (State or Foreign		
	1	1	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year) 2 15 199	1 M	Country) IARYI	AND		
~	Se. FACILITY NAME (If not institution, give stree	t and number)	9b. C	HTY, TOWN C	R LOCATION OF D	EATN	9c. COUNTY	Y OF OEAT	TN		
5	JOHNS HOPKINS H	OSPITAL	В	ALTI	MORE CI	TY					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	ION			10	Id. INSIDE CITY		
<u> </u>	MARYLAND		RANDA	LLSTO	WN				LIMITS?		
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEI	N OF WHA	AT COUNTRY?		
FUNERAL	3406 ABBIE PLACE				21207		U.	S.			
5	11. MARITAL STATUS 1 Never Married 2 Merried	2, WAS DECEDENT EVER IN U.S. AF FORCES? 1 TYES 2	RMED	13. WAS DEC	ENOENT OF NISPAI	NIC ORIGIN? (Specify Ye	s or No 14	RACE -	American Indian, Vhite, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	- I	1 TYES	XXXVO Specif	y:		BLAC			
	15. DECEDENT'S EDUCAT	TION 18a. DE	CEDENT'S USUA	L OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUS				
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (G	live kind of work do . Do NOT use retire	one during mo	st of working		01112007111200				
MPL											
00	17. FATNER'S NAME (First, Middle, Last) UNOBTAINABLE				18. MOTHER'S NA	ME (First, Middle, Maider	Surnama)				
BE						MAE GARRI					
2	190. INFORMANT'S NAME (Type/Print) DONNA BRIGGS	19 T	b. MAILING AOOR	ESS (Street e	nd Number or Rural	Route Number, City or Tox E 80 WEST	on, State, Zip Co	NAPO	DLTS. MD.		
١.	20a. METNOD OF DISPOSITION								21401		
	1\(\subsection \) \(\subsection	AND DATE OF DISI			6/14/94	ANNAPO					
	21. SIGNATURE OF FUNERAL SERVICE LICEN				D ADDRESS OF FA						
	T 11 D.		R	REESE	& SONS M	ORTUARY, 1	P.A.				
		Policetions that several the de	8	321 WE	ST ST. A	NNAPOLIS,	MD. 2	1401			
	23. PART I. Enter the diseases, of complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Fine) disease or condition Tri) () 0 A /										
	disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):										
Z											
5	Sequentielly list conditions, oue TO (OR AS A CONSEQUENCE OF): If any, leading to immediate										
2	CAUSE (Disease or injury	DUE TO (OD AS A COMOS	OHENOE OF								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):						i l		
S	d	d									
AL	PART II. Other aignificent conditions of	contributing to death but not i	reaulting in the	underlying	ceuse given in	Part i. 24a. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO		
0						1 VYES :	⊇ □ NO	CC	OMPLETION OF CAUSE DEATH?		
M								1	YES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
PHYSICIAN: MEDIC		IOSPITAL:	ОТН	IER:	ACE OF OEATH (Ch						
НХ	27. MANNER OF OEATH	Inpatient 2 ER/Outpatient 3	26b. TIME OF	Nursing Nome 28c. INJI		6 Other (Specify) 28d. OESCRIBE HOW	IN ILIEN OCCUE	350			
	1 Netural 5 Pending	(Month, Day, Year)	IL 45 AM		RK?	· ·	F Bu		BED		
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho				28f. LOCATION (Street	and Number or		n Mumber		
COMPLETED	4 Nomicide determined										
PLE	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, do	eath occurred at the	ne time, date	end place, end due	_			0071001		
OMI	294. CERTIFIER (Check on the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check on the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 **MEDICAL** EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the Ilms, date and place, and due to the cause(s) and manner as stated.										
	296. SET URE AND TITLE OF OPETIFIER	MBER			onth, Day, Year)						
) BE	Mayorte Me	thill			O.C.M				7,1994		
2	31. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)					-			
	The state of the s	. KORELL jup 1		n Sti	reet, B	altimore	, Mar	yla	nd 21201		
	31. DATE FILED (MONT). 127. 427 1994	32, MEGISTRAR'S SIGNATURE	roball								

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BALTIMORE, MARYLAND 21215-0020.	hours after death. Page 6 may be retained by the hospital or attending physical	d in by the funeral director, page 5 should be detached for use as the buriast or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriada be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERT	IFICATE (OF DEATH	REG. NO							
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH					
Margaret	Margaret Jenkins										
4. SOCIAL SECURITY NUMBER 474-30-9267 1	6. AGE (In yrs. lest birtho	fay) IF UNDER 1 YE		June 16, 7. DATE OF BIRTH (Month, Day, Ybar)	Cour	THPLACE (State or Foreign					
Se. FACILITY NAME (If not institution, give street end number)			WN OR LOCATION OF D	Oct.23,	9c. COUNTY OF						
Physicians Memorial Ho	spital	La	Plata		Charle	es					
Maryland Charles		CITY, TOWN OR L				10d. INSIDE CITY LIMITS?					
		La Pla	10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
Too. STREET AND NUMBER Charles County Nur 11. MARITAL STATUS 12. Was Decer FORCES?	seing Home	e	20646		U.S.	Α.					
3 Widowed 4 Divorced IF YES, GIV	DENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES	If ye	DECENDENT OF HISPA s, specify Cuben, Mexic YES XIX NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	Bie	ck, White, etc. ckly: White					
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDER	NT'S USUAL OCCUI d of work done durin Of use retired.)	PATION g most of working	100000000000000000000000000000000000000	SINESS/INDUSTRY						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 2) 17. FATHER'S NAME (First, Middle, Last)	(5+)	keeper		Movein							
17. FATHER'S NAME (First, Middle, Last)	DOOK	recher	18, MOTHER'S N	AME (First, Middle, Meiden	Stora	ge.					
John Barrett			Brid	gett Bar	rett	777					
190. INFORMANT'S NAME (Type/Print) Victor Jenkins				Route Number, City or Tox		-					
VICTOR SERVING	20b.PLACE AND DA			d. Oxen H	Hill Md						
20 METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery cremetory	or other place) V Memo:	rial Gar	dens6/20/	94 Wal	dorf Md					
21. SIONATURE OF FUNERAL SERVICE LICENSEE	M-008	817 ÄRI	EHART-ECH	IOLS FUNE	RAL HO	E. INC					
23. PART I. Enter the diseases, or complications	12-1sa	P.	U. Box	06/.La Pl	ata Md	20646					
iMMEDIATE CAUSE (Final disease or condition resulting in death)	csuse on each line. The state of the state	heart	failu	U.	matory errost,	Approximate interval Between Onset and Death					
Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. CAUSE (Disease or Injury C. C.											
that initiated events resulting in death) LAST d.											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAL AMAL											
PART II. Other algorificant conditions contributing	PERFORMED? 1 YES 2 NO										
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
EXAMINER? 1 YES 2 NO 1 Proprient	2 - ER/Outpatient 3 - DO	OTHER:	Home 5 - Residence								
27. MANNER OF DEATH 26a. DATE (Mont		TIME OF 280	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED						
26a PLAC	2 Accident Acciden										
3 Suicide 6 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of the bas						18/49					
	of examination and/or investi	gation, in my opini									
296. SIGNATURE AND TITLE OF CERTIFIER			D-2257		29d. DATE SIGNE	(Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	CAUSE OF DEATH (ITEM 27)	Type, Print) P.	0. Box 24		T. CH	1174					
R. Timothy Pace, M.D.				ryland 206	04						
31. DATE FILED (Month, Dey, Year) 32. REALS 32. REALS	TRAR'S SIGNATURE	et			0						



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BALTIMORE, MARYLAND 21215-0020	lours after death. Page 6 may be retained by the hospital or attending physicial	d in by the funeral director, page 5 should be detached for use as the burial-to
	24 h	filled
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicial	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th
	HOS	FUN

		1 - STATE REGISTRAR	STATE OF N		DEPAR				MENT	AL HYGIEN			
	Transfer Co.	1. DECEDENT'S NAME (First, Middle, Last) Ruth G. Jordan							4000	in 5,	1994	YEAR	. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER t	YEAR DAYS	IF UNDER 24 HRS HOURS MIN.	7. DAT	E OF BIRTH		. BIRTHPL.	ACE (State or Foreign
Pin		214-07-1853	1 🗆 M 2 🔀 F	77	YRS.				110,	/16/16			Penna
3 should	Œ	9s. FACILITY NAME (If not institution, give st						R LOCATION OF	DEATH		9c. COUNT		
7	21	Devlin Manor Nurs	ing Home				Jume	perland			ATTE	egany	7
/編	DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR						100	Dd. INSIDE CITY LIMITS?
		MD A	llegany			Cuml	_	ZIP CODE			T 40- CITITE		X YES 2 NO
usit	FUNERAL	445 N. Centre S	! +				200	21502			US		(I COOMTRY?
physician. burial-transit	S	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1		ARMED		AS DECE	ENDENT OF HISE city Cuban, Mex				4. RACE -	- American Indian, White, etc.
	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					2 NO Spe		d Mican, Mc.)	- 1	Specify:	White
as as	ED	15. DECEDENT'S EDUC		16a.	DECEDENT'S	USUAL OCC	CUPATIO	N	14	6b. KIND OF BU	SINESS/INDU	STRY	
al or a		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	-)	(Give kind of the Do NOT us	_		t of working		O 1	Tomo.		
the hospital detached fo	COMPLET	8			HOI	emake	er -			Own 1			
× 5 ×		17. FATHER'S NAME (First, Middle, Last)								f, Middle, Maiden	14.7		
5 should notified	BE	Calvin C. Imler 194. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street sr	ATITILE nd Number or Run		(Feathermore, City or Tow		ode)	
be reta ge 5 si	٤	Dorothy M. Diehl						Street				1552	2
may x, pa		20s. METHOD OF DISPOSITION 1 Separate 2 Cremation 3 Remo	wel from State		CE AND DATE		ION (Nar	ne of	D	ATE 20c. LC	CATION — CH	y or Town	, Stats
Page 6 Il directo		21/ SIGNATURE OF FUMERAL SERVICE LIG					L P	D ADDRESS OF	18/9	4 Cum	berlan	d, M	D
death. Pag tuneral di I. examiner	,	▶ 10 00 mm H=	1/1/	-						Kigh	t Fune		
		23. PART I. Enter the diseases, or c	omnications the	t caused the	death Do	30	9-3	11 Deca	tur	St., C	umberl	and,	MD 21502
d in the or re		shock, or heart failure. I IMMEDIATE CAUSE (Final	let only one cau	se on each	line.	iot amai t	ile illoc	e or dying, si	PCH MM C	irdiac or reap	eratory arres	π,	Approximate Interval Between Onset and Death
		disease or condition resulting in death)		7	II								a marla
	ĺ		DUE TO	(OR AS A CON		,		1					de
and and	ON	Sequentially list conditions,	DUE TO	(OR AS A CON	SEQUENCE O	D:	6-	clos					7
sician prior t	CAT	if any, leading to immediate cause. Enter UNDERLYING		See	il	des	4	clours	do				1
certificate ding physi lygiene pri	Ē	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CON									
두 등 수 등	CERTIFICATION	resulting in death) Exs											
the d we		PART II. Other significant conditions	contributing to	death but no	ot resulting	in the und	erlying	ceuse given	in Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
5 5 E	MEDICAL									1 TES		CC	OMPLETION OF CAUSE F DEATH?
requires the een signed of Health shows an	M	DID TOBACCO USE CONTRIB	UTE TO CAU	E OF DE	AIH Y	res-		NO U				1	YES 2 NO
N: The law ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				_	26. PL	ACE OF DEATH (Check only	one)		<u> </u>	
or item	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatien	3 🗆 DOA	OTHER:		5 - Residenc			-		
0 0 5	PHY	27. MANNER OF DEATH 1 Nettural 5 Pending	28a. DATE OF (Month, De	INJURY ey, Year)	28b. TIM	E OF 2	8c. INJU	RC?	28d, D	ESCRIBE HOW	INJURY OCCU	RED	
	BY	2 Accident Investigation	28s. PLACE O	F INJURY A	I home ferm	M Inches		ES 2 NO	204.14	OCATION (Street		District Co.	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	E	4 Homicide 6 Could not be determined	building,	atc. (Specify)	Trome, latin,	otreet, rector	y, onice			ty or Town, State;		NURII NOUE	e Number,
OR A DIRECT HOURS	COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge	, death occum	ed at the tim	ne, date :	and place, and d	ue to the	ause(s) and me	nner as stated		
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	MO	one) 2 MEDICAL EXAMINER											nd menner as stated.
THE HOSPI TO THE FUNER OF filed within	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- W	11	-			29c. LICENSE N					lonth, Day, Year)
D D S	10	A	Na	Usu				101	>56	5	6	181	94
5		30. NAME AND ADDRESS OF PERSON WHO		e de				Can.	6-	12~1	2	>,1	102
\mathcal{L}		31. DATE FILED (Month, Day, Year)	32 REGISTRA	D'S SIGNATIID	E	7	-	- Ora	727			- ()	
		JUN 1 0 1994	Alia Daws	duar Kon	1414								
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the berial-time be filled within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF				MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) ONIS		JOHNS	SON			2. DATE OF OEATH 6 10 DAY 1994			3. TIME OF DEATH 6:45 A	
	4. SOCIAL SECURITY NUMBER 219-14-5898	5. SEX	8. AGE (In yrs. Issi birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 12 F 70 YRS. MONTHS DAYS HOURS MIN. Oct. 31, 1923							HPLACE (State or Foreign iry)	
OR	99. FACILITY NAME (If not institution, give st MEMORIAL HOSP)			96. CITY, TO	SERLA		EATH		LEG.		
DIRECTOR	100. STATE 100. COUNTY Md Allega	ny		Y, TOWN OR L						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	Box 21 Rt. 36 S.				101. ZIP C				TIZEN OF	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced		IT EVER IN U.S. ARMED YES 2 NO WAR OR DATES	If ye		uben, Mexic	NIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	ee or No-		E — American Indian, ik, White, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed) College (1-4 or 5	16a. DECEDENT'S (Give kind of life. Do NOT u.) *) Clerical	work done durir se retired.)	ng most of w	orking	Republi			Committee	
BE CO	John Johnson Sr.					other's Na da Ma	AME (First, Middle, Meide Re Ternen	.,			
5	196. INFORMANT'S NAME (Type/Print) Ourtis Johnson 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 36 N. Box 159, Lonaconing, Md. 21539										
	20e, METHOD OF DISPOSITION 1 © Burlet 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION / Name of Company of the Company of Co										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee .					enzie Fune 21539	ral H	lome		
	23. PARTY Enter the diseases of complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, ahock, or heart feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (QR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Compared										
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
IYSI	1 VES 2 NO		ER/Outpatient 3 DOA				8 Other (Specify)	I III NIEW O	001050		
BY PI	Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW									
ETED	4 Homicide determined										
COMPLETE			my knowledge, death occurr							e) end manner ee stated.	
띪	295. SIGNATURE AND TITLE OF CENTIFIES	1		29c. LICENSE NUMBER				_	-	O (Mylron, Day, War)	
٤	30. NAME AND ADDRESS OF PERSON WHO	/			<u> </u>	1931		01	6/10	799	
- 1	N.RANJITHAN M.D		OLDTOWN R	UAD,	CUMB	\mathtt{ERLA}	ND, MD	2150	12		

1	-	FOR STATE REGISTRAF

	1 - STATE REGISTRAR	OIME OF MA	CE	RTIF	ICATE (OF DEATI	KND ME	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)						2.	. DATE OF DEATH			3. TIME OF DEATH	
	Adam Columbus					June 16 1994			м			
	4. SOCIAL SECURITY NUMBER 5.	birthday)	IF UNDER 1 Y	AR IF UNDER 24	$\overline{}$	7. DATE OF BIRTH			PLACE (State or Foreign			
	220-26-0250	∑ M 2 □ F	65	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) Oct. 12]	928	Countr	"ryland	
	9a. FACILITY NAME (If not institution, give street	t and number)			9b. CITY, TO	WN OR LOCATION				NTY OF D		
DIRECTOR	Washington County	Hospital			Hage	erstown					gton	
EC	10a. STATE 10b. COUNTY			10c, CIT	Y. TOWN OR L	OCATION				Т	10d, INSIDE CITY	
H	W. Va. Berk	elev		Fs	lling	Waters					LIMITS?	
	10e. STREET AND NUMBER			10	TITING	10f. ZIP CODE			I 10a CITI	IZEN OF W	VHAT COUNTRY?	
FUNERAL	814 Parry Drive					25419	9			U.S		
F	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT, E FORCES? 1	VER IN U.S. ARI	MED O	13. WAS	DECENDENT OF	HISPANIC (ORIGIN? (Specify Yas	or No-	14. RACE Black	- American Indian, , White, atc.	
ВУ	3 Widowed 4 Divorced	1948-195	OR DATES			YES 2 X NO		,	- 1	Specif		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a, DEC	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SINESS/INC	DUSTRY		
ET		College (1-4 or 5 +)	life.	Do NOT us	work done durir se retired.)	g most of working						
AP.	10	0	S	heet	Meta]			Pangbo	orn C	orp.		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	(First, Middle, Maiden				
BE (James Leslie Keene	У				Mi	nnie	Belle We	etze1			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (St	reet and Number of	r Rural Rout	e Number, City or Tow	n, State, Zip	Code)		
ř	Glenda F. Keeney		8	14 P	arry I	rive F	alli	ng Waters	s, W.	Va.	25419	
	20a METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remova	ol from State	20b. PLACE A	NDDATE	OF DISPOSITIO		1		CATION -			
	4 Donation 5 Other (Specify)	THOM State	Cedar	Law	n Memo	rial Pa	rk 6	-18-94 F	lager	stow	n. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	` '		22. NAR	E AND ADDRESS	OF FACILI	TY Minnich				
	Scotton	Num	rich	-	415	E. Wil	son l				, Md. 21740	
	23. PART I. Enter the diseasea, or com	npilcations that c	sused the dea	th. Do r	1						Approximete	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	IMMEDIATE CAUSE (Final disease or condition Annual Final Roll For											
	resulting in death) a. CONSTRUCTOR CO											
z	disease or condition resulting in death) a. AROBABLE BOJEL PERFORATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEO	UENCE O	F):		1. OJ.1.					
CA	CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEC	UENCE O	F):							
CERTIFICATION	d											
	PART II. Other significent conditions of	ontributing to de	ath but not re	sulting	In the under	lving cause giv	en in Par	rt I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
S		UTUS				, , ,		PERFOR	MED?	-	AMILABLE PRIOR TO COMPLETION OF CAUSE	
E		ICIENCY						1 TYES 2	MO		OF DEATH?	
Σ	TURNIL MOIT	ICIDIOCA					_	-			1 TES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF DEA	TH (Chart	only one)				
Sic	EXAMINER? 1 YES 2 NO 1	IOSBITAL:	2/Outputters 2	000	OTHER:							
H	27. MANNER OF DEATH	26a. DATE OF IN.		28b. TIM		Home 5 Rask		d. DESCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY	WORK?	_					
BY	2 Accident Investigation 3 Suicida 6 Could not be	28a. PLACE OF IP	JURY — At hon	na, farm, i	street, fectory,	office	28	II. LOCATION (Street I	and Number	or Rural R	loute Number,	
COMPLETED	4 Homicida determinad	building, atc	. (Specify)					City or Town, State)				
=	29a. CERTIFIER CERTIFYINO PHYSICIAL	N: To the heat of my	knowledge des	th occurs	ed at the time	deta and place a	ad due to t	the deviced and made				
M	(Check only one) 2 MEDICAL EXAMINER: C										and manner as stated.	
_	296, MOMATURE AND TITLE OF CERTIFIER	- 1	1			_						
BE	7) 1.704	h. Ida)		29c. LICEN	SE NUMBER	R	29d. DAT	E SIGNED	(Month, Day, Year)	
2	16. NAME AND ADDRESS OF PERSON WHO C	UMPLETEDICALISE	DE DEATH ATEN	27) /5	Print ¹	1978.8	10		6	116/	74	
	Pantin Esi PAN	CON T	1)	21) (lype,		, D	Lla	-D ~~	1.0 M	1) ~	1010	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	SIGNATURE	11	ARWE	u W.	NA	65RNDW	10 /	2	174()	
	JUN 1 7 1994	Juli Da	ndem for	ndpel	-							
	JUN 1 1 1334											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

31. DATE FILED (Month, Day, Year)

JUN 1 5 1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the jurian harman parties.
be filed within 72 hours after death with the State Dept, of Health and Mental hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPA CERTIF	RTMEN	IT OF H	EALTH	AND I	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First	t, Middle, Last)	·		OLIT.	IOA.	L U.	DEA	ın	2. DATE OF DEATH	0.		3. TIME OF DEATH
	OSSIE	MA	E KAR	GLE						June 12,	1994	YEAR	8:00 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in y	rs. last birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1004		IPLACE (State or Foreign	
	579-12-9685	579-12-9685 1 D M 2 Def			84 YRS. MONTHS DAYS HOURS MIN.				MIN.	(Month, Day, Year) May 2,	(y)		
	9a. FACILITY NAME (If not in	nstitution, give :	street and number)		7 7	9b. CIT	Y, TOWN C	B LOCATE	ON OF DE			INOL	th Carolina
DIRECTOR	1011 Spruce	Stree				100	aldo				22	harl	
Di l	10a. STATE	10b. COUNT	Y		10c. Cl	TY. TOWN	OR LOCAT	ION	_				10d, INSIDE CITY
1 %	Maryland	ryland Charles											LIMITS?
											100 00	TIZEN OF I	WHAT COUNTRY?
FUNERAL	1011 Spruce	e Stre	et				1.00	. 211 0001		601	log. Cit	USA	WHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT I									IIC ORIGIN? (Specify	fes or No-	14. RACI	E — American Indian, k, White, etc.
BY F	1 Never Married 2 Narried FORCES? 1 IF YES, GIVE WAF			MAR OR DATE	s XMO			ecify Cube 2 ☐ŠNO		n, Puerto Rican, etc.)		Spec	
												ite	
8		EDENT'S EDU		16	a. DECEDENT'S				ıα	16b. KIND OF E	USINESS/IN	DUSTRY	
	Elementary/Secondary (6	0-12)	College (1-4 or 5	+)	Ille. Do NOT	use retired.)		•		74-	0	
₽	7				Egg Ha	nare	ı			5	earte	St C	ompany
COMPLET	17. FATHER'S NAME (First, M							18. MOTI		ME (First, Middle, Maid	on Sumame)		
18	Weldon Hampt		ens						Ada	Brookes			
2	19th. MAILING ADDRESS (Street and Number of Rural Route Number, City of Town, State, Zip Code) Joseph H. Kargle 1011 Spruce Street, Waldorf, MD 20601												
	20a. METHOD OF DISPOSIT			20h DI	ACEANDDATE								
	Separation Sep												MD
	21 SIGNATURE OF THE PARTY CONTROL OF THE PARTY CONT												
	Benjamin Matthews M00658 P. O. Box 156, Waldorf, Md 20604-										24 0356		
													J4-0156
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir	eert fallure.	List only one ceu	use on eech	ie deeth. Do i line.	not ente	r the mo	de of dy	ng, suc	h as cardlec or res	piratory a	rest,	Approximata interval Between Onset and Death
	disease or condition	-	Cardi	On no	W~M	1111	a	mai	ナ				Onest and Death
	resulting in death)		BUE TO	(Of AS A CO	INSEQUENCE (- 40	MARC	-				1
z		-				()						İ
RTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CO	INSEQUENCE O	W):							
S	cause. Enter UNDERLY CAUSE (Disease or Inju	ING											
드	that initiated events		DUE TO	(OR AS A CO	INSEQUENCE O	M7:							
CERI	resulting in death) LAS	·	6										
	PART II. Other significa	ent condition	as contribution to	death but	not resulting	in the s	mdaetulos		diam In	Deat I have been		150	
MEDICAL	COM ANICA	. 0	A-101 240	dia	~ ~ ~)	an area	moerrying	(cause (prom m		ORMED?	240	MAILABLE PRIOR TO
اقا	Colonia	g y	THE CONTRACTOR OF THE CONTRACT	aure	بجريه	_				1 🗆 YES	2 700		OF DEATH?
	avania	0 1	enas	4	rever	10) +				1		1 - YES 2 - HO
ÿ	systemis	00	upus	2100	home	210	no	_					
8	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	- BS		ОТНЕ		ACE OF D	EATH (Ch	sok only one)			
\Z	1 TYES 2 15.00		1 Inpetient 2	ERvininge	mt 3 🗆 DOA			1 X no	aidence	6 C Other (Specify)			
PHYSICIAN	27. MANNER OF DEATH	Maria Santa	36s. DATE OF (Month, D		28b. Til	ME OF JURY	28c. INJ WO	URY AT		38d. DESCRIBE HOW	INJURY OC	CURED	
B		Pending Investigation		W. 11.50	5.00	м	101	YES 2 [NO.				
		Could not be	26s. PLACE O building.	F INJURY	At home, farm,	street, fo	ctory, affici			281. LOCATION (Street City or Town, Star	f and Numbe	r or Aunt I	Youte Number
	4 Homiside	determined	1 (0.000).30	mmissä-selle						andoundary are	00)		
COMPLE	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	my knowledg	ge, death occur	red at the	time, date	and place	and due	to the cause(s) and n	anner as ste	rted.	
8	nnal												a) and manner as stated.
S I	29h. SIGNATURE AND TITLE								NSE NU		1		(Month, Day, Year)
8	VALANIX	Marc	Nish	nas	MI)					•	10-	1294

Internal Medicine Cli Natrolm Glow Med Cott MD,

F PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WHO WISH SEPARATE SEPARATURE

SERVICE SEPARATURE

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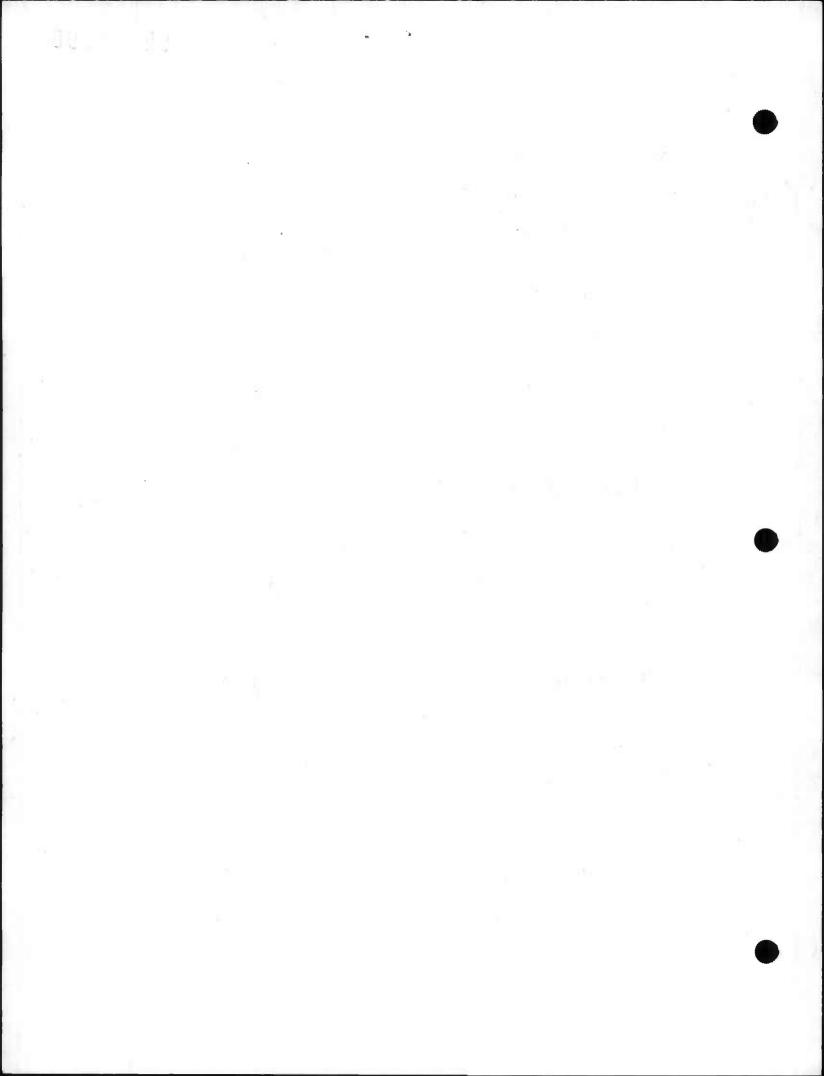
SERVICE SEPAR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OMIL OF I	CE		ICATE OF		MENIAL HIGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last)			-			2. DATE OF DEATH			3. TIME OF DEATH	
		Dorot	hy Mildr	ed I	Knotts		May 16 1		YEAR	8:15 a. M	
		5. 9EX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		6. BIRTNP Country)	LACE (State or Foreign	
						141	Dec 8, 19	16		Virginia	
m	9a. FACILITY NAME (If not institution, give stre	,			1	OR LOCATION OF DE	ATN		NTY OF DE		
0	Garrett County Mer	norial H	ospital		Oakland Garrett						
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION			1	10d. INSIDE CITY	
DIRECTOR	W.Va. Pres	ston				Aur	ora			LIMITS?	
AL	10e. STREET AND NUMBER				10	I. ZIP CODE	-	10g. CITI	ZEN OF WH	IAT COUNTRY?	
BY FUNERAL	Rt 1	Box 30-	·A			36	705		USA		
5			T EVER IN U.S. ARM				ilC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.	
34	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W				S 2 XNO Specify		1	Specify		
	15. DECEDENT'S EDUCA	TION	18a DEC	EDENT'S	USUAL OCCUPAT	ON	16b, KIND OF BUS	INCO (INC	III TOV		
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	(Giv	e kind of	work done during m se retired.)	ost of working	ISB. KIND OF BUS	INESS/INU	USTRY		
교	8	College (1-4 or 5 +		mema	aker		Dome	stic			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				-	16. MOTNER'S NA	ME (First, Middle, Maiden	Surname)			
BEC		[ra Clay	ton Hebb			Hat	tie Grace	Power	9		
TO B	19a, INFORMANT'S NAME (Type/Print)						Route Number, City or Town	n, State, Zip	Code)		
۴	Connie Grove		F	?t 1	Box 348	Aurora	, WV 26705				
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramov	al Irom State	20b. PLACE All cemetery, crem		OF DISPOSITION (A			CATION —	City or Tow	n, State	
	4 Donation 5 Other (Specify)				t Cemete		18-94 Rt	1 2	Auror	a, W.VA.	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	01			ND ADDRESS OF FA	ght Funera	1 Hor	no T	nc	
	· Certhur b	win	ghe				Ave. Terra				
	23. PART I. Enter the disasses, or co shock, or heart failure. Li	mplications that st only one cau	t caused the das se Dn sach lina.	ith. Do i	not antar tha m	oda of dying, auci	h as cardiac or respi	ratory arr	est,	Approximata Interval Between	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 90 TO (OR AS & CONSEQUENCE OF):										
	resulting in death)	DUE TO	100 ve Consecu	wy	prusj				how		
-		AT	Para a	DENCE O	r):					hear	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQU	UENCE O	F):					1	
CA	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events	DUE TO	OR AS A CONSECU	UENCE O	F):						
ER	resulting in death) LAST										
	PART II. Other aignificant conditions	contributing to	death but not re	aulting	in the undarivir	g cause given in	Part i. 24s, WAS AN	AUTOPSV	24h V	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	Preymot Long						PERFOR	MED?	1	WAILABLE PRIOR TO	
9	- U						1 YES 2	YMO		OF DEATH?	
₹ :							-			T TES 200 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (Che	eck only one)				
Sic		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing No	ne 5 🗆 Residence	8 Other (Specify)				
É	27. MANNER OF OEATH	28a. DATE OF (Month, Da	INJURY av. Year)	28b, TIM	E OF 26c. IN	JURY AT ORK?	28d. DESCRIBE HOW II	JURY OCC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
- 11	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — Al horr etc. (Specify)	ie, Jerm, :	street, factory, offi	De .	281. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,	
E											
립							to the cause(e) end men				
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of ax	tamination and/or in	veatigatio	on, in my opinion,	death occured at the	time, data and place, an	d due lo lh	a cause(s)	and manner as stated,	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NUM	IBER	29d. DATE	E SIGNED (Month, Day, Year)	
TO B	Orally Cy	ho				D3341	4	> C	>/17	74	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	4						
	Eglow Clinic P	0.13x 8	8 Eg10	n	WV:	24714	Robert C	ough:	lin,	M.D.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE								

DHMH-16 Rev 1/89



TO BE COMPLETED BY CHINEDAL PIDECTOR	l	
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O RE COMDI ETEN		20
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F		
		C

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) KENNETH LEIGH KINTZEL TR. 2. DATE OF DEATH MONTH JUNE 10 1994 1805											
A COCKA COCKA AND COCKA AN											
			MO		HOURS MIN.	(Month, Day	(Year)	Count			
9s. FACILITY NAME (If not institution, one s	Ι Δ. Ι	69		OITY TOWN	20100471011 05 05						
-513 CAMDEN AVENUE											
RESIDENCE OF DECEDENT	FNUE			SALISBURY WICOMICO					ICO		
Table 19-20 Carrier			10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?		
1120	COMICO	SAI	ISBUE	RY				YES 2 □ NO			
11				10	. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?		
					21801				S.A.		
	FORCES? 1	YES 2X	MED (O	13. WAS DEC	ENDENT OF NISPAN ecity Cuban, Maxica	IIC ORIGIN? (Sp n, Puerto Rican,	ecify Yes or No , etc.)	- 14. RACI Blac	E — American Indian, k, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗌 YES	2 XNO Specify	<i>y</i> :		Spec	WHITE		
15. DECEDENT'S EDU	CATION	16a. OE	CEDENT'S USL	JAL OCCUPATION	ON	16b. KINI	OF BUSINESS	S/INOUSTRY	MILLE		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	tired.)							
	8	TI	TLE A	BSTRA	CTOR	LE	GAL				
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	, Malden Surner	me)			
	H LEIGH				HELEN	TIHW V	FIELD	DELF)		
	K										
			_						21830		
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			CERTIF	ICATE OF	DEATH	REG							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	TH DAY 17-G	3. TIME OF DEATH					
	RUTH 4. SOCIAL SECURITY NUMBER		OTT (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	// / H	BIRTHPLACE (State or Foreig					
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36	10s. STATE 10b. COUNT	ТҮ	10c, C/1	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY					
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BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, s	pecify Cuban, Maxic S 2 NO Speci	an, Puerto Ricen, et	c.)	Black, White, atc.					
9	15. DECEDENT'S ED		18a. DECEDENT'S	S USUAL OCCUPATE	ION	16b. KIND O	F BUSINESS/INDUS	White					
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COMPL	6		Hou	sewife			Jun-Self						
	17. FATNER'S NAME (First, Middle, Last) James Day	walt			No.	nie (ACD CONTRACTOR						
) BE	19a. INFORMANT'S NAME (Typo/Print)	WAIG	19b. MAILING	G ADDRESS (Street	and Number or Rural		Calmer or fown, State, Zip Co	ode)					
임	Ruth P. Knot	t		Hemle:			ont, MD						
	20a. METNOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Ref		D. PLACE AND DATE		lame of	7	c. LOCATION — Cit						
	1) Burdet 2 Cremation 3 Remove from State 4 Donation 5 Dother (Specify) St. Anthonys Cemetery 6/21/94 Emmitsburg,												
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME A	ND ADDRESS OF F	Stau	iffer F	uneral Hon					
	Jany A-	XX						, MD 21788					
	23. PART I. Enter the diseeses, or												
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.	irs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-righest be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial transit removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR			CERTIF	ICALE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Caroline	Sue	e Kel	1 v		3	2. DATE OF MONTH	DEATH DA	W/ G11	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1	Med a m	IF UNDER 24 HRS.	0		179	1	1:10/7 M
	367-42-8823	1 D M 2 X F	49			DAYS	HOURS MIN.	7. DATE OF (Month, D	ey, Year)		Count	
	9a. FACILITY NAME (If not institution, give e				at arry	701101.0		Oct.	22, 1		Tex	
œ	111 West Main Str	,			9b. CITY, TOWN OR LOCATION OF DEATH Elkton Ceci						NTY OF D	DEATH
	RESIDENCE OF DECEDENT		EIRCOR					Cet	-11			
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY
10	Maryland Cecil			E1k	ton							LIMITS?
A P	10e. STREET AND NUMBER						ZIP CODE		IZEN OF	WHAT COUNTRY?		
EH	111 West Main Str	eet				2	1921			U.S	5.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	TEVER IN U.	S. ARMED	13. W	AS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	Specify Yee	or No —	14. RAC	E — American Indian, k, White, elc.
BY F	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W					2X NO Specif		in, atc.)		Spec	MA CO
												White
Ħ	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16	(Give kind of life, Do NOT u	USUAL OCH	CUPATIO	on st of working	16b. KI	ND OF BUS	SINESS/IN	DUSTRY	
1	Elementery/Secondary (0-12)	College 1-4 or 5+							1	. 1	14	. C
COMPLETED	11		· · ·	Assembl	.er						Manu	ifacturing
2	17. FATHER'S NAME (First, Middle, Last) Frank Arme	tta					18. MOTHER'S NA	ME (First, Midd Verna	,			
BE	19e. INFORMANT'S NAME (Type/Print)											
2	Edward Miller			P.O.	Box 8	(Street a 373	nd Number or Rural - Elktor	n, MD	2192		p Code)	
	20e. METHOD OF DISPOSITION	numeric research	20b. PL	ACE AND DATE	OF DISPOSIT	TION (Na	me of	DATE	20c. LO	CATION —	City or To	own, State
l	1 N Buriel 2 □ Cremetion 3 □ Remeted 4 □ Donation 5 □ Other (Specify)	oval from State	cemeter F. 11	y, cremetory or o	ther place)	rv		6-11 1994	E11	cton,	Mar	cyland
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 22.	teon oc	22. N	AME AN	D ADDRESS OF EA	CILITY				
	1 Donus	8. 1	hai	22. NAME AND ADDRESS OF EACHITY Hicks Home for Funerals, 103 West Stockton Street Fikton MD 21921-5521						et .	А.	
	23. PART I. Enter the diseases, or o	complications that	caused th	e death. Do i	not enter t	he mo	de Dt dying, suc	h as cardiac	or respi	ratory ar	rest,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Finel											Interval Between Onset and Death
	disesse or condition resulting in death)	DUE TO	1. C	2								2445
	resulting in daath)	DUE TO	OR AS A CO	NSEOUENCE O	F):							1/1/
z	Language and the second	b.										
일	Sequentially list conditions, if sny, lesding to immediate	DUE TO	OR AS A CO	NSEQUENCE O	F):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	с										
	that initiated events resulting in death) LAST	DUE TO	OR AS A CO	NSEQUENCE O	F):							
5		d										
	PART II. Other significant condition	s contributing to	death but r	not resulting	in the und	lertylng	cause given in	Part I. 24	a. WAS AN		24b	. WERE AUTOPSY FINDINGS
EDICAL	Insulia Penen	lent Dia	letes	Mel	1. tus				PERFOR	. 4		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			V-1					_ '	U 1E3 €	A NO		OF DEATH?
PHYSICIAN: M												1 YES 2 NO
Y	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:		5 N Residence	6 Other (S	nec/fv)			
主	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	28d. DESCR		NJURY OC	CURED	
	1 Natural 5 Pending Investigation	(Month, De	ly, 1997)	IN.	IURY M		RK? 'ES 2 NO					
B €	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — /	At home, term,	street, tactor	ry, office	,			nd Numbe	r or Rural i	Route Number,
<u> </u>	4 Homicide determined	building,	mic. (Specify)					City or I	own, State)			
ן ב	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledg	e, death occum	ed at the tim	ne, date	end place, and due	to the cause(e) and man	ner ee ste	had	
COMPLETED	one) 2 MEDICAL EXAMINE											e) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI					O (Mønth, Day, Year)
BE	4. Xarky	Mo					1153	14		D	119	194
임	30. NAME AND ADDRESS OF PERSON WHO	/ '/	E OF DEATH	(ITEM 27) (Type	, Print)		7 ())	/ T	777	7.7	1//	0.
						مادو	e Hospi	0.6				Street
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATU	BE OTTE	sape	an	= mospi	.ce	E1k	con,	MI	21921
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	tificat	phys	ther
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ELINE DAISY LEAF 2. DATE OF DEATH DAY 6/14/1994 3. 30 A 8. AGE (in yrs. last birthday) 81 YRS. MONTHS DAYS HOURS MIN. 12/18/1912 9b. CITY, TOWN OR LOCATION OF DEATH HAMPSTEAD 2. DATE OF DEATH DAY 6/14/1994 7. DATE OF DEATH (Month, Day, Ybar) 12/18/1912 MARYLAND 9c. COUNTY) 9c. COUNTY OF DEATH CARROLL
ELINE DAISY LEAF 6/14/1994 3:30 A 8. AGE (in yrs. last birthday) 81 YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 6/14/1994 3:30 A 8. BIRTHPLACE (State or Foreign Country) 12/18/1912 MARYLAND 9c. COUNTRY OF DEATH
8. AGE (In yrs. lest birthday) 8. AGE (In yrs. lest birthday) 8. YRS. 8. AGE (In yrs. lest birthday) 8. AGE (In yrs. lest birthday) 8. AGE (In yrs. lest birthday) 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 1.2/18/1912 MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
The state of the s
96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
E. HAMPSTEAD CARROLL
10c. CITY, TOWN OR LOCATIOH 10d. INSIDE CITY LIMITS?
LL HAMPSTEAD 1 XYES 2 NO
101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
E. 21074 USA
DECEDENT EVER IH U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— 16. Yes 2 XNO Specify: 17. YES 2 XNO Specify: WHITE
(Give kind of work done during most of working
(1-4 0/ 5 +)
LPN NURSE HEALTH
18. MOTHER'S HAME (First, Middle, Maiden Surname)
NON A. STUMP DAISY M. MARTIN
19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4123 HILLCREST AVE. HAMPSTEAD, MD. 21074
20b. PLACE AHD DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State
CARROLL CREMATION 6/16 HAMPSTEAD, MD 210
ELINE FUNERAL HOME 934 S. MAIN ST. HAMPSTEAD, MD. 21074 one that raused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
one cause on each line. Me tastatic breast coorcinora lyea
inetastatic occast coorcinora lyear
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uting to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN
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(Month, Dey, Year) IHJURY WORK?
PLACE OF INJURY — At home, farm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number.
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e best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
e best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated, sesis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Year)
e best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. Pasis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
e best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. Pasis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Year)
1 YE 28. PLACE OF DEATH (Check only one) TAL: famt 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) DATE OF IHJURY (Month, Dey, Year) M

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human directin page 5 should be described by use as the purishing premar. For the page 1 of Health and Mental Hygiene prior to burial, cremation, or remove.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 8 may be retained by the hospital or attending physician.	ugsit pr	
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HYSICI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remains	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTRAH				CERTI	FICAI	E OF	DEAL	н	REG. NO.			
	1. DECEDENT'S NAME (First, Midd	die, Lest)		DIDE LEWIC					2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF DEATH				
	MARJORIE 4. SOCIAL SECURITY NUMBER	15:	GERTR		yrs. last birthday		LEWI	_		JUNE 11	. 1	994	9:50 A M
	218-18-8096	1 {	☐ M 2X F	88		MONTHS	-	HOURS	MIN.	Mar. 14,1	906	Count	PLACE (State or Foreign ry) Cyland
	9e. FACILITY NAME (If not institution						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						
DIRECTOR	752 AIKEN A	VENUE	<u> </u>			PERRYVILLE					CECIL		
HE	i I						10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
	Maryland Cecil 100. STREET AND NUMBER					I		ville					1 X YES 2 - NO
FUNERAL	752 Aiken Aver	nue					10	f. ZIP CODE	219	03	10g. CI1		S.A.
NO.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2					-10	. WAS DEC	CENDENT OF	HISPANIC	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No-	14. RACI	E — American Indian,
ВУ	1 Never Merried 2 Merri		IF YES, GIVE W	AR OR DATI	ES			2 X X NO	Specify:	Puerto Ricen, etc.)		Spec	
TE	(Specify only high	nt's EDUCATIO	ON oleted)	1	(Give kind o	S USUAL	OCCUPATI e during me	ON ost of working		Abardoo			g Ground
BE COMPLETED	Eleven Years	Co	ollege (1-4 or 5 +)			nici			Aberdee			
CON	17. FATHER'S NAME (First, Middle,							16. MOTHE	ER'S NAME	(First, Middle, Malden			**
BE	19e. INFORMANT'S NAME (Type/P)	Unknor	wn							Unknown			
5	Steven L. Benr	nett								yville, Ma			21903
	29e_METHOD OF DISPOSITION ACABurlel 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spec		from State	20b. P	LACE AND DAT ery, crematory of LNC1D10	other place	SITION (N	ame of	(City or To	· ·
	21. SIGNATURE OF FUNERAL SER		E G	1111	пстри	22	. NAME A	ND ADDRESS	S OF FACIL	JTY			Maryland
	Thomas	M.	ditte	io:	20.5	Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903							Home
	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween												
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ATHEMOS CUEROTIC CAMON VASICAD ROLLYNSF												
					ONSEQUENCE								
NOI!	Sequentially list conditions, if any, leading to immediate		DUE TO	OR AS A C	ONSEQUENCE	OF):							
ICA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c _	DUE TO	(OB 46 4 O	ONSEQUENCE	00							
CERTIFICATION	thet initiated events resulting in deeth) LAST	d	502.101	OH AS A C	ONSEQUENCE	OF):							
AL CI	PART II. Other eignificant co	onditions co	entributing to	desth but	not resulting	In the t	ınderiyin	g ceuse gl	ven in Pa	ert I. 24s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										_ 1 (VES 2			COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO U	ISE CON	ITDIDITE	TO C	ALICE O	. DE 4	TII V	FC (77)	110	_			1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME		AIKIBUIE	10 0	AUSE OI	DEA		LACE OF DEA	NO [k only one)			
SIC	EXAMINER? XXYES 2 NO		SPITAL:	ER/Outpati	lent 3 🗆 DOA	OTHE 4 N	R:			Other (Specify)			
E	27. MANNER OF DEATH 1 Natural 5 Pendi		28e. DATE OF (Month, Da		28b. T		28c. IN.	JURY AT ORK?		ad. DESCRIBE HOW IN	JURY OC	CURED	
B∀	2 Accident Invest	tigation	28e. PLACE OF	F INJURY	- At home, lerm	M street le		YES 2		IRL LOCATION (Ctmar o	and Alexandra	o Dunt	Davida Maraka
TED	3 Suicide 8 Could 4 Homicide determ	d not be mined	building,	etc. (Specify))	,	ctory, orne		1	Rest. LOCATION (Street a City or Town, State)	na Numbe	or Hurai i	toute Number,
COMPLET										the cause(e) end man			
SOS	2 X MEDICAL	EXAMINER: OF	the besie of ex	amination e	end/or Investiga	lon, in my	opinion, o	death occured	d at the tin	ne, date end place, end	due to t	he ceuse(e) end manner ee stated.
BE	286 STATURE AND TITLE OF C	CERTIFIER	. 9 .					29c. LICEN					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									12, 1994			
	HAMAD MOD	1-160	Rough				Stre	et,	Balt	timore,	Mar	ylan	d 21201
	31. DATE FILED (Month, Day, Year)		32. REGISTRAI	S SIGNAT	URE			•				-	
	JUN 1 4 '94	ga	in Davido	A Par	1.00								
		0		•									DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR WHIS WITH BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with points after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 17 OLDTOWN ROAD,

32. REGISTRAR'S SIGNATURE 517 RANJITHAN M.D., CUMBERLAND, MD

FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.											
t. DECEDENT'S NAME (First	, Middle, Last)							2. DATE O	F DEATH			3. TIME OF OE	HTA
ROSE	LEE	L	EWIS					б	Q		994	8:30	Δ Μ
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs	-	F UNDER 1 YE			7. DATE O		一	8. BIRTH	IPLACE (State or	Foreign
220-10-0799		1 MXXXF	MIN.	Nov 4	Day, Year)	3	Counti	γ)					
9e. FACILITY NAME (If not in					b. CITY, TOV	WN OR LOCATIO	ON OF D				NTY OF D	EATH	
MEMORIAL HO		& MEDIC	AL CEN	TER	CUMBE	RLAND				ALL	EGAN	Y	
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSI					TY
MD	Alle	gany		1.77					□ NO				
MD Allegany Cumberland 100. STREET AND NUMBER 101. ZIP CODE										10g. CIT	ZEN OF	THAT COUNTRY	7
7 Turner S	treet					21502				US	A		
ti. MARITAL STATUS		12. WAS OECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECENDENT O	F HISPA	NIC ORIGIN?	(Specify Yee		14. RACI	— American In	ndlen,
t Never Married 2 Never Married 2 Divo		IF YES, GIVE V	MAR OR DATES	Allo		YESTE NO	Specif		can, etc.)		Speci		
Λ	EOENT'S EDUC	CATION	Las									white	
(Specify onl	y highest grade	completed)		(Give kind of wor life, Do NOT use	rk done during	PATION g most of working	g	16b. I	CIND OF BUS	INESS/INE	USTRY		
Elementary/Secondary (0)-12)	College (1-4 or 5											
17. FATHER'S NAME (First, M	ficidle, Last)			homemak	er	I 18 MOTH	IFR'S N	AME (First, Mid	own ho				
George	Hose									ourname)			
190. INFORMANT'S NAME (7				19b. MAILING A	DORESS (Str			ee Wa		State Zir	Codel		
Nellie M.	Long												
20e. METHOD OF DISPOSIT	ION		20b. PLA	CE AND DATE OF		eet: C	mbe	PATE	77	2150 CATION —		wo State	
K Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from State	cemetery	crematory or othe	r place)			1					
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		//		E AND ADDRES		06-11 ACILITY	_I_Cim	berl	and,	MD	
· Car	20 +	2 806	upl	lli	Campl	rpelli porland	7 RA	m 215	00				
23. PART . Enter the di	iseases, or c	complications the	it caused the	deeth. Do no	t enter the	mode of dyl	ng, suc	ch as cerdie	oc or reepi	ratory an	rest,	Approxi	
IMMEDIATE CAUSE (Fir		List Only One Cet	M	PI,	1			0	1				Between I
disease or condition resulting in death)	→		1/n/	1861.	1acu	106	10	lax	10				
		DUE TO	(OR AS A CON	ISPOUENCE OF):	111	9	11	1	-				
Commentally, Not one dis-		b	les	but	ATI	GASU	029	0					
Sequentially list condition if any, leading to imme	diete	DUE TO	(OR AS A CON	SEQUENCE OF	11	7,00	Y						
CAUSE (Disease or Inju		c		HY	herte	Afrec.							
thet initieted events resulting in deeth) LAS		DUE TO	(OR AS A CON	ISEQUENCE OF									
		1,										-	
PART II. Other eignifica	int condition	s contributing to	deeth but n	ot resulting in	the underl	ying ceuse g	lven In	Part I. 2	4a. WAS AN		24b	. WERE AUTOPSY	FINDINGS
Ch	my	Kerel	July	- CH	Fix	C4949	4 -	~ .	PERFOR			AVAILABLE PRIC	
	7		1		///			_	1 123 2	J. NO		OF DEATH?	T MO
DID TOBACCO	O USE C	ONTRIBUTE	TO CA	USE OF I	DEATH	YES 🖂	NO	0.01			ı	1 123 2	JNO
25. WAS CASE REFERRED TO EXAMINER?						B. PLACE OF DE							
1 TES 2 NO		HOSPITAL:	☐ ER/Outpatien		OTHER:	Home 5 Re	sidence	8 Other	(Specify)				
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b, TIME (OF 28c.	INJURY AT			RIBE HOW IN	JURY OC	CURED		
	Pending Investigation	(MORIT, D	ray, rear)	INJUR		WORK? YES 2	NO						
3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
4 Homicide	determined	- Juliania,	ate: (opecity)					City or	iown, State)				
290. CERTIFIER (Check only	FIFYING PHYSIC	CIAN: To the best of	my knowledge	, death occurred	at the time,	date end place.	and due	to the cause	e(s) end man	per en stat	ed.		
		R: On the basis of e) end menner so	stated.
29b. SIGNATURE AND TITLE		//	1			29c. LICE			T			(Month, Day, Yee	
		1601	1/40			111	9318			•	7	10/91	
30. NAME AND ADDRESS OF	F PERSON WHO	O COMPLETED CALL	SE ME DEATH	ITEM 27) /Simo 8	ninel	ד ת	ノンエ				0/	10/19	

21502

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR				F DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) GRACE M	ADELYN		IPERT		2. DATE OF MONTH	DEATH DAY		3. TIME OF DEA	ATN	
11		GE (In yrs. lest birthday)			06	12	94	0210	A	
207-16-9430	□ M 2 🐼 F	69 YRS.	F UNDER 1 YEA MONTHS DAY	HOURS MIN.	7. DATE OF I		24 PEN	NSYLVA		
9a. FACILITY NAME (If not institution, give stree SACRED HEART HOSP				N OR LOCATION OF ERLAND	DEATH		ALLEGA			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION								
MARYLAND ALLE	GANY		UMBER	AND				10d. INSIDE CIT LIMITS? 1 X YES 2		
106. STREET AND NUMBER 105 PARK STREET				21502			U.S.	WHAT COUNTRY? A.		
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yea,	BECENDENT OF HISP specify Cuban, Mexi (ES 2) NO Specific	can, Puarto Rica		or No 14. RAC Blac Spec	E — American Ind sk, White, stc.		
15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	16a. DECEDENT'S	USUAL OCCUP		16b. KII	D OF BUS	INESS/INDUSTRY			
Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)	BOOKKEEI	PER R	ETAI	L STOR	E		
17. FATNER'S NAME (First, Middle, Last) JEROME W. KAULE	NS			18. MOTNER'S I	NAME (First, Midd	le, Maiden S	Sumame)			
19a. INFORMANT'S NAME (Type/Print) WILLIAM J. LEIP	ERT, JR.	196. MAILING 105	PARK	STREET,	CUMBE	RLAN	D, MD	21502		
20e. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, crematory or of MSVC-ROO	other place)		DATE 14/94	47.	ATION — City of T	,		
21. SIGNATURE OF FUNERAL SERVICE LICEN		MSVC-RUL	GEO	AND ADDRESS OF R RGE-UPCI GREENE	FACILITY HURCH	FUNE	RAL HO	ME. P.	A. 502	
23. PART I. Enter the disesses, or con ahock, or haart failure. Lis IMMEDIATE CAUSE (Final disease or condition	nplications that cause of	sed the death. Do n each line.	not enter tha	mode of dying, su	uch aa cardiec	or respir	etory arrest,	Approxin Interval E Onset an	nata Batwear	
resulting in death) a.	DUE TO (OR A	AS A CONSEQUENCE O	OF):	leasel				30		
Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING	OUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF): OUE TO								
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO JOB A	A CONSEQUENCE O	Unle	nous-	Lung	Sus	person			
PART II. Other significant conditions of	contributing to deat	h but not resulting	In the undari	ring cause given i	Col	PERFORI	WEO?	b. WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF	R TO	
					1	YES 2	NO	OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26 OTHER:	PLACE OF DEATH (Check only one)					
1 VES 2 NO	Inpetient 2 - ER/C		4 Nursing P	ome 5 - Realdenc	6 Other (Se	pecify)				
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea		JURY	INJURY AT WORK? YES 2 NO	28d. DESCRI	BE NOW IN	JURY OCCURED			
3 Suicide 6 Could not be 4 Nomicide datermined	28s. PLACE OF INJ building, atc. (URY — At home, farm, Specify)	atreet, fectory, o	ffica	281. LOCATIO City or R	ON (Street arown, State)	nd Number or Rural	Route Number,	1.8	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my ki							a) and manner as	stated.	
29b, SIGNATURE AND TITLE OF CERTIFIER	E.M.	men	5 VD	29c, LICENSE N	UMBER 7/35		29d. DATE SIGNED	O (Month, Day, Year,	,	
30. NAME AND ADDRESS OF PERSON WHO C				THE ORE	DEDI AND) m	21502			
DR. VICTOR E. MAZ 31. DATE FILED (Month, Day, Year) JUN 1 3 1994	32 REGISTRAR'S &	IGNATURE	ETON DK	IVE, CUM	DEKLAND	, MID	21302			



105 PARK STREET

21502

U.S.A.

WHITE

SALES REP. & BOOKKEEPER RETAIL STORE

GRACE

WILLIAM J. LEIPERT, JR. 105 PARK STREET, CUMBERLAND, MD 21502

6/14/94 FLINTSTONE, MD MSVC-ROCKY GAP

Hond, A. Lychurch 202 GREENE ST., CUMBERLAND, MD 21502

12

JEROME W. KAULENS

BALTIMORE, MARYLAND 21215-0020	rithin - ours after death. Page 6 may be retained by the hospital or attending physician.	letely filled in by the funeral director, page 5 should be detached for use as the burishings permit emation, or remove.	int, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within recovers after death. Page 6 may be instanted by the househall or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human dimition page 5 should be detached for use as the burish-training permits filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				_		2. DATE OF I	DEATH			3. TIME OF DEATN
	Jack Leon McCOY						June	19.M		YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest bir	thday) I	F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF E		1994		HPLACE (State or Foreign
	216 14 5255	1 🗀 x M 2 🗆 F			ONTHS DAYS	HOURS MIN.	(Month, De	y, Yber)		Count	ry)
	9a. FACILITY NAME (If not institution, give str	med and number)	09		- OUTY TOWN	OR LOCATION OF DI	Sept.	LZ, IS			nnsylvania
œ				١,		1000				NTY OF D	
2	16122 Oak Tree L	ane			Wil	Liamsport	t		Wa	shir	igton
DIRECTOR	10a. STATE 10b. COUNTY		1	Oc. CITY. 1	OWN OR LOCAT	ION					10d. INSIDE CITY
£	Maryland Wash	ington	1.								LIMITS?
	10e. STREET AND NUMBER	_	liamsport					1 TES 2 NO			
RA	CONTROL CONTROL				10g. CIT	IZEN OF	WHAT COUNTRY?				
BY FUNERAL	16122 Oak Tree L					21795				US	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT ET)	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yea	or No-	14. RAC	E — American Indian, k, White, atc.
≥	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Specif		, 0.00)		Spec	ity:
		W.W. I								wh	<u>ite</u>
E	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give I	and of won	UAL OCCUPATION done during mo	ON st of working	16b. KIN	D OF BUS	INESS/IND	DUSTRY	
3	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use r							
묲	12	0	e	Lect	rician		а	ircr	aft		
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	e, Maiden	Surname)		
BE COMPLETED	Omer McCoy					Mary	Bowman	1			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING A	DRESS (Street e	nd Number or Rural	Route Number, C	ity or Town	n, State, Zip	o Code)	
ř	Irma M. McCoy		10	6122	Oak Tr	ee Lane.	Willi	amsp	ort.	Mar	yland 21795
	20s. METHOD OF DISPOSITION		20b. PLACE AND						CATION —		
	t XBuriel 2 Cremation 3 Ramo	val from State	cemetery, cremete	ory or other							Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ONSEE	_ Rose	1111		ID ADDRESS OF FA	CILITY	пав	erst	OWII,	Maryland
	5 ***	mi.		1	MINNI	CH FUNER	AL HOM	E			
	- COUT!	//w	nnee		415 E	. Wilson	Blvd.	, На	gers	town	, Md. 21740
	23. PART i. Enter the disesses, or co shock, or heart failure. L	omplications that co	used the death	. Do not	sntsr ths mo	da of dying, auc	h sa cardiac	or respi	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Fins)	.ist only ona cause	on aach lina.					A			Interval Between Onset and Dasth
	disease or condition	100	-l-	0	1						141/2 1180
	resulting in death)	DUE TO (OF	AS A CONSEQUE	NCE OFI:	Cor	cons	4	-			11/2900
_	_	,	[]	. 10							
CERTIFICATION	Sequentisity list conditions,	DUE TO (OF	AS A CONSEQUE	NCE OF:	ma						
A	if any, laading to immediata cause. Enter UNDERLYING	,									
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF:							
E	resulting in desth) LAST										j
핑											
اب	PART ii. Other significant conditions	contributing to de	ath but not resu	ilting in	lhs underlying	csuse givan in	Part i. 24a	. WAS AN		24b	. WERE AUTOPSY FINDINGS
DICAL								PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1	YES 2	THO.		OF DEATH?
ME	DID TOBACCO USE (CONTRIBILITE	TO CALISE	OF	DEATH Y	VEC III NIC	2.0				1 YES 2 NO
PHYSICIAN:		CONTRIBUTE	TO CAUSE	. Or	DEATH	YES NO	7 📗				
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			Z8. PL	ACE OF DEATH (Ch	eck only one)				
YS		1 🗆 Inpetient 2 🗆 EF	I/Outpatient 3 🗌			6 5 Tresidence	6 Other (Sp.	ecify)			
H	27. MANNER OF DEATN	26a. DATE OF INJ (Month, Day,)		Bb. TIME C	F 28c. INJ	URY AT RK?	28d. DESCRIE	E HOW IN	JURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident investigation				M 1 1						
	3 Suicide 8 Could not be	28s. PLACE OF IN building, etc.	JURY — At home,	form, stre	et, fectory, offic		281. LOCATIO	N (Street a	nd Number	r or Rural I	Route Number,
国	4 Nomicide determined	building, atc.	(эресну)				City or To	wn, State)			
COMPLETED	29a. CERTIFIER	1000000	738 339								
₹ I	(Check only										
8	2 MEDICAL EXAMINER	On the Basis of axami	ination and/or inve	stigation,	n my opi <i>n</i> ion, d	esth occured at the	time, data and	piece, en	d due to th	he cause(s	s) and manner as stated.
BE (29b. MOMATURE AND TITLE OF CERTIFIEN		1 1			29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
	Jude &	VIA	M	1		1271	523			61.	20/94
٤	MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (OF DEATH (ITEM 27) (Type Pe	int)	0 1 /		Α.	Α	11	-11
	Fredery	1to K	All	111	170	19 HA.	rell	Po		140	certhin.
	31. DATE FILED (Month, Day, Year)	32 PEGICIBAR'S	SIGNATURE			100	0.00			. /	1-1,000
	111N 0 1 100A	1	ison-Raid	ul							had

DUCTOR II.

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		7 3		2. DATE OF DEA	тн		3. TIME OF DEATH	
	CLYDE JAMES MACKAL	L		A	JUNE	12, 19	YEAR	0645 M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT			HPLACE (State or Foreign	
	220-26-4752 1ৢ № 2 🗆 ғ		MTHS DAYS	HOURS MIN.					
	9a. FACILITY NAME (If not institution, give street and number)	98	D. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	CALVERT MEMORIAL HOSPI	TAL	PRINCE FREDERICK CALVERT					RT	
[[[RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c CITY T	OWN OR LOCAT	ION .				104 MOIDE OVEY	
PIN	Maryland Calveft			ederick		10d. INSIDE (LIMITS? 1 YES 2			
ا بر	10e. STREET AND NUMBER			ZIP CODE	WHAT COUNTRY?				
FUNERAL	326 Mason Rd.			206					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER II	N U.S. ARMED				fy Yes or No-	14. RAC	E American Indien,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES, GIVE WAR OR D			24 NO Specify		c.)	Spec	ek, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI (Give kind of work	done during mo.	N st of working	16b. KIND (F BUSINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Compactor	etired.)						
S O	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAI	AE /First Middle A	Iniden Sumama)			
BE C	Oscar Mackall			Edna		,	oudg	er	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a	nd Number or Rural F	loute Number, City	or Town, State, Zi	p Code)		
5	Faye L. Chew		Sox 111		nce Fred			20678	
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State	D. PLACE AND DATE OF D	DISPOSITION (Na place)		1.	e. LOCATION -			
i	4 Donation 5 Other (Specify) Ho	olland Cem	etery		7/94	Huntin	gtow	n, MD	
	O CONTRACTOR OF THE PROPERTY O	-000	1 / 5 1 1	D ADDRESS OF FA	Sewel	1 Fune	ral	Home	
	premier 1. sec							d.,MD 20678	
	23. PART I. Enter the diseases, or complications that ceuse ahock, or heart failure. List only one cause on e immediate Cause (Final disease or condition resulting in death) Sequentially list conditions.	each lina.						Approximate interval Batween Onset and Death	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):	Brain	6 Mg	for the sa	7		2 months	
0	PART II. Other significant conditions contributing to death b	out not reaulting in t	he undarivino	cause given in	Part I 24a W	AS AN AUTOPSY	241	b. WERE AUTOPSY FINDINGS	
DICAL			are distantifully	oudso given in	PI	ERFORMED?	244	AAILABLE PRIOR TO COMPLETION OF CAUSE	
ED					_ '''	ES 2 NO		OF DEATH?	
: ME	DID TOBACCO USE CONTRIBUTE TO	CALISE OF I	DEATH Y	ES I NO				1 YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL	CAUDE OF E		ACE OF DEATH (Che					
Sic	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Impirient 2 ER/Outp		THER:	5 🗆 Residence		.)			
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME O			28d. DESCRIBE		CURED		
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	Y WO	RK? ES 2 NO					
		r — At home, term, streedly)	et, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination							s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	V	_						
BE	11/9			9c. LICENSE NUN	_	29d. DA1	と SIGNEI	O (Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE! OF DE	EATH (ITEM 27) (Type, Pri	int)	0 3 7 1	- /		- 15	/	
-	JONATHAN LOWENTHAL, M.	.D. PRI	NCE FF	EDERIC	K, MD	20678			
	31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGN	IATURE 7							
11	JUN 1 5 1994 Julia Davides	1. Kardall							

10.6 ١

BALTIMORE, MARYLAND 21215-0020	cours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-trumm, in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trimin to have a signed by the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Ella Mae Mil	nm mr							J	une 1	0, 19	94	10:00 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. lest birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH		B. BIRT	NPLACE (State or Foreign
217-34-5253	1 M 2 F	3	39 YRS.	MONTHS	LATE	HOUNS	min.		-22-1	904		Maryland
Se. FACILITY NAME (If not institution, give a	street and number)			9b. CIT	Y, TOWH (OR LOCATI	ION OF D	EATH		9c. CO	UNTY OF	DEATN
Wellspring Nurs	sing Cent	er			Glen	Bur	nie			An	ne A	rundel
10a. STATE 10b. COUNT			10c. CITY, TOWN OR LO			TION						10d. INSIDE CITY
	Arundel	rundel Friend			ship							1 YES 2 XNO
10e. STREET AND NUMBER	~ 1				101	. ZIP COD						WHAT COUNTRY?
6816 Old Solomor						207					.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO		If yes, sp		en, Maxica	an, Puerto	17 (Specify ' Rican, etc.)	Yea or No—	14. RAC Blac Spe	CE — American Indian, ck, White, atc. City: White
15. DECEDENT'S EDU (Specify only highest grade	CATION		16a. DECEDENT'S	B USUAL C	CCUPATIO	DN		166	KIND OF E	USINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	use retired.)	aunng mo	ast of world	ng					
unknown			Homema	aker					Home			
17. FATHER'S NAME (First, Middle, Last)									Middle, Meid	en Sumame)		
Joseph			Mihm	Hell		-	aria				-11	Paddy
Joseph T. Mihm			19b. MAILING						_			751
20a. METHOD OF DISPOSITION				2 Swa			re K			e, MD		751
THE LITTLE OF LIGHT COLLIUM			PLACE AND DATE					_14_9		LOCATION -		
M Burial 2 Cremation 3 - Rem	loval from State	cemel	ODOCO T	other place	" Cor	notor						
M Burial 2 Cremation 3 Rem		Fri	lendshij	7					74 F.	riend	ship	, MD
1 M Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	CENSEE Complications the List only one cau	et caused in use on sac	tha death. Do	Rão not antes	NAME AI	nd Addres	nera	l Hon	ne, Pi	A Owi	ngs,	MD 20736 Approximate Interval Between
23-PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or conditions resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CENSEE Complications that List only one cau a. DUE TO b. DUE TO	OR AS A CO	tha death. Do	Renot anter	NAME AI	Fur	nera	l Hon	ne, Pi	A Owi	ngs,	MD 20736 Approximate Interval Between
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23-PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications the List only one cau a	(OR AS A C	tha death. Do ch line. CONSEQUENCE CONSEQ	Ranot ante	ausch r the mo	no Address	nera.	L Hon	ne, Pridiac or rea	A Owi	ngs,	MD 20736 Approximate Interval Betwee Onset and Date of Conset and Dat
23-PART I. Enter the disease, or shock, or heart failure. MMEDIATE CAUSE Final disease or condition reaulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions	complications the List only one cau a	(OR AS A C	tha death. Do ch line. CONSEQUENCE CONSEQ	Ranot ante	NAME AI	n Furnda of dy	nera	Part I.	24a. WAS. PERF	A Owi	ngs,	MD 20736 Approximate Interval Betwee Onset and Das Selve Se
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23-PART I. Enter the disease, or shock, or heart fellure. 23-PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only	CENSEE Complications the List only one cau a. DUE TO b. DUE TO d. DUE TO d. DUE TO d. LIST OF TO TO TO TO TO TO TO TO TO TO TO TO TO	t caused to use on second (OR AS A Cooperation of the caused to the cooperation of the caused to the	the death. Do th line. CONSEQUENCE CONSEQ	22. Real not anterest of the second at the	nderlying 26. Pi 7: raing Hom 26. Wy 1 1 victory, office	g ceuse LACE OF CARRY TORKY TYPES 2 [1]	given in	Part I. Part I. 28f. Loc City to the care	24a. WAS PERF 1 YES ATION (Street or Town, Status and an use(a) and an use(a) and an use(a) and an use(a) and an use(a) and an use(a) and an use(b) an use(b) and an use(b) an use(b) and an use(b) and an use(b) and an use(b) an us	AN AUTOPSY ORMED? 2 HNO	ngs, rreat, 24 ccured er or Rural	MD 20736 Approximate Interval Betwee Onset and Date of Date of Constitution of Computation of Cause of Death? 1 Yes 2 No
23-PART I. Enter the disease, or shock, or heart fellure. 23-PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only	CENSEE Complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d	t caused to use on second (OR AS A Cooperation of the caused to the cooperation of the caused to the	the death. Do th line. CONSEQUENCE CONSEQ	22. Real not anterest of the second at the	nderlying 26. Pi 7: raing Hom 26. Wy 1 1 victory, office	g ceuse LACE OF D BURY AT TYPES 2 [given in	Part 1. Part 1. 28f. Loc City on to the care time, data	24a. WAS PERF 1 YES ATION (Street or Town, Status and an use(a) and an use(a) and an use(a) and an use(a) and an use(a) and an use(a) and an use(b) an use(b) and an use(b) an use(b) and an use(b) and an use(b) and an use(b) an us	AN AUTOPSY ORMED? 2 NO	ngs, rreat, 24 CCURED or or Rural ated.	MD 20736 Approximate Interval Betwee Onset and Das Selve Se
1 M Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE 23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNÉR OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CENSEE Complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d	t caused to use on second (OR AS A Cooperation of the caused to the cooperation of the caused to the	the death. Do th line. CONSEQUENCE CONSEQ	22. Real not anterest of the second at the	nderlying 26. Pi 7: raing Hom 26. Wy 1 1 victory, office	g ceuse LACE OF D BURY AT TYPES 2 [given in	Part 1. Part 1. 28f. Loc City on to the care time, data	24a. WAS PERF 1 YES ATION (Street or Town, Status and an use(a) and an use(a) and an use(a) and an use(a) and an use(a) and an use(a) and an use(b) an use(b) and an use(b) an use(b) and an use(b) and an use(b) and an use(b) an us	AN AUTOPSY ORMED? 2 NO	ngs, rreat, 24 CCURED or or Rural ated.	Approximate Interval Betwee Onset and Das Club SCC b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



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fled at once.	
examiner must be noti	
umatic event, the medical examiner must be notified at once.	

notified

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marked,

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28 item

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURES

31. DATE FILED (Month, Day, Year)
JUN 15 199

HOSPITAL FUNERAL WITHIN 72 h =

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle: Last) 2. DATE OF DEATH 3. TIME OF OEATH aller 0 101 E. 4. SOCIAL SECURITY' NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (Sta 218-01-8914 1X M 2 □ F DAYS HOURS 1/25/1918 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CARROLL COUNTY GEN. HOSPITAL WESTMINSTER CARROLL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CARROLL MILLERS 1 TYES 2 NO FUNERAL INA STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4250 GRAVE RUN RD. 21107 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced WHITE WW II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) BLACK & Decker Elementary/Secondary (0-12) College (1-4 or 5 +) MANUFACTURING 12 DEPT. MANGER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE I. MERRYMAN FLORA M. FOWBLE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 GEORGE MERRYMAN GRAVE RUN RD., 4224 MILLERS, MD. 21107 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 20a. METHOD OF DISPOSITION

1 Durial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) GREENMOUNT CEMETERY 6/15 HAMPSTEAD, MD.21074 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY ELINE FUNERAL HOME other 934 S. MAIN ST. HAMPSTEAD, MD. 21074 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, abock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition___ no resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? MAN ARI E PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 G 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) NOSPITAL: 1. Superlant 2 ER/Outpetient 3 DOA EXAMINER? OTHER:
4 Nursing Homa 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending Investigation 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, lerm, street, lectory, office building. etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b-SIGNATURE AND TIFLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

· a ms



3. TIME OF DEATH

10:25

10d. INSIDE CITY LIMITS?

WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

White

21639

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

Approximata

Interval Between

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Country) A

Talbot

9c. COUNTY OF OFATH

5

10

PM

BALTIMORE, MARYLAND 2	ifter death. Page 6 may be retained by the hospital
1	24 hours a
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hospital
DIVISION OF	HOSPITAL DR ATTENDING PHYSICI/

or attending physicia 1215-0020

FOR

29b. SIGNATURE AND TITLE OF CERTIFIER

JUN 03 94

C. Aw.

C. RW

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Davin

32. REGISTRAR'S SIGNATURE
Julia Davidson Jandaro

UD

BE

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Marker Ethel 6 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 22-09-9355 1 | M 2 | F 916 Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Meridian - The Pines Easton 10b. COUNTY 10c. CITY, TOWN OR LOCATION Mod Talbot Easton 10e. STREET AND NUMBER 101. ZIP CODE 601 Rt 50 burial-trainsit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican,

1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 VES 2 BY 3 Widowed 4 Divorced the 55 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY USB ğ dary (0-12) College (1-4 or 5+) ntary/Seco 10 Demco hine Operator detached must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 2 BE 19a. INFORMANT'S NAME (Type/Print) 2 ++ 1212 Bedfo page 5 s 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION the attending physician and completely filled in by the funeral director, Mental Hygiene prior to burial, cremation, or removal. llows 6-4-94 Milford De 4 Donation 5 Other (Specify) shows any injury, or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY leegle 0. Dox 160 Greensborn 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition CEREBRAL THRUMBOSIS resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CORTICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF) that initiated events resulting in death) LAST the PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY this certificate has been signed by t with the State Dept. of Health and PERFORMED? PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem met EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 - Residence 8 - Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY THE HOSPITAL DR ATTENDING F THE FUNERAL DIRECTOR: After I filed within 72 hours after death 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL DR ATTY
TO THE FUNERAL DIRECTO
DE filed within 72 hours at
IMPORTANT: If Item 21 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated

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29d. DATE SIGNED (Month, Day, Year) 6/3 191 DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILEO (Month, Day, Year)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

221-20-3028

- N	TOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO										
fing physician, the burial-trans	DIRECTOR		10b. COUNTY	ussex		10c. CITY, TOW		, Delawar	e 19945			d. INSIDE CITY LIMITS?
	ERAL	10e. STREET AND NUMBER RT # 2	Box 1:	17		101, ZIP CODE 19945				10g. CITIZEN OF WHAT COUNTRY?		
	BY FUN	11. MARITAL STATUS 1 Never Merried 2 M M 3 Wildowed 4 Divorce	Never Married 2 Married FORCES? 1 7			MED NO	If yes, sp		an, Puerto Rican, etc.) Black, Wh			American Indian, Thita, atc. White
or attending r use as the	TED	15. DECED (Specify only h	completed)			L OCCUPATIO	ON st of working	16b. KIND OF	DUSTRY			
by the hospital or be detached for at once.	COMPLET	Elementary/Secondary (0-12		College (1-4 or 5+)	_	eman			Delawa	re Sta	te Hig	hway
by the host	ш	17. FATHER'S NAME (First, Midd George McCabe						Walsie M				
be retained the ge 5 should be notified	TO B	190. INFORMANT'S NAME (Typ) Kathryn M. N		2		b. MAILING ADDR		and Number or Rural Ro 117,,Fra				945
P 2 3		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 4 Donation 5 Office (S	3 🗆 Ram	oval from State	cemetery, cre	AND DATE OF DIS ematory or other ple na Ceme	ece)		DATE 200	LOCATION —	- 111	
ter death. Page 6 m the funeral director, oval.		21. SIGNATURE OF FUHERIAL	SERVICE AC	Reda	AUA		22. NAME	ELSON FUN RANKFORD,	ERAL SE	RVICES	, LTD.	
e death certificate be executed within the artending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal jury, or other traumatic event, the medical of	CERTIFICATION	23. PART I. Enter the disence, or had been condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthet initiated events resulting in death) LAST	na, ete	a. RESPICE DUE TO (OR DUE TO (OR	on each line	OUENCE OF):	FAILL					Approximete Interval Batwe Onset and Dat
v requires that the deben signed by the r. of Health and Mer. shows any Injur	PHYSICIAN: MEDICAL	PART II. Other significent	I condition Ins	e contributing to de	eth but not i	underlyin	g ceuse given in P	PEF	S AN AUTOPSY FORMED? S 2 W NO	AV CC OF	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
The far ate has ate Dep	YSICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 YNO	MEDICAL	HOSPITAL:	3/Outpatient 3		IER:	LACE OF DEATH (Chec				
는 등 등 등		27. MANNER OF DEATH 1 Natural 5 Per 2 Accident	anding vestigation	26s. DATE OF INJ (Month, Day, 1)					28d. DEŞCRIBE H	W MJURY OC	CURED	
L OR ATTENDING P DIRECTOR: After the hours after death v	TED B	3 Suicide 6 Co	ould not be rlarmined	28s PLACE OF INJURY — At home farm street factory office.							e Number,	
HOSPITAL OR / FUNERAL DIRE within 72 hours	COMPLET	nne)		CIAN: To the best of my								nd manner as stated
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	O BE C	29b. SIGNATURE AND TITLE O		ta M.D				29c. LICENSE NUME D2299		29d. DAT	E SIGNED (M	onth, Day, Year)

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Davidson Rardel

PAUL E. McCABE

6. AGE (In yrs. last birthday)

61

5. SEX

1 🛛 M 2 🗆 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

McCabe

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

18911 94

994

9c. COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Frankford, DE

Approximete Interval Batween **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE

1223

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

1272571932

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician	d in by the funeral director, page 5 should be detached for use as the burial-transfor removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turns, entering the filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY VEAD 3. TIME OF DEATH							
	ABEN MOORE, IR. MOURE JR, JULIES 1984 0130 M							
	246-72-7725 1 XM 2 F 50 YRS. MONTHS DAYS HOURS MIN. SEPT 18, 1943 N. CAROLINA							
E .	PENINSULA REGIONAL MEDICAL CENTER SALISBURY 9b. CITY, TOWN OR LOCATION OF DEATH SC. COUNTY OF DEATH WICOMICO							
5	RESIDENCE OF DECEDENT							
DIRECTOR	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 UYES 2 X NO							
FUNERAL	805 LAKE STREET 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2/80/ 1/5A							
N N	11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14, RACE — American Indian.							
B	1 Never Merried 2 Nerried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) No Specify: BLACK Specify: BLACK							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +) PRESSURE WASHER RESIDENTIAL MAINTENANCE							
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)							
BE (WILLIAM HENRY MOORE MARY MCCATHERN							
10	190. INFORMANT'S NAME (TyperPrint) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 805 LAKE ST, SALISBURY, MD 2/80/							
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRE							
	Menge m Short SHORT FUNERAL SERVICES INC 90 BOX 233 MILTON DE 19968							
	23. PART i. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death of the condition							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Granulo cycle penia DUE TO (OR AS A CONSEQUENCE OF): C. Squancus Cill Carcinona of DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
AL C	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
PHYSICIAN: MEDICA	PERFORMED? 1 YES 2 NO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SICI	EXAMINER? HOSPITAL: OTHER: 1 Springerient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
ву РНУ	27. MANNER OF DEATH 1 Phaturel 5 Pending (Month, Day, Year) 28b. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO							
8	2 Accident 3 Suicide S Could not be determined 4 Homicide Homicide Location (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number. City or Town, State)							
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner se stated.							
	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year)							
38 0	1 - m.o. 03069. 16/5/94							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sames E. Martin, M.D., 145 E. C011 St., Salis 60-7, MD							
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE JUN 13 1994 Julia Sturillar Randell							
	DHMH-16 Rev 1/I							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four form of the following physician and completely filled in by the funeral director, page 5 should be detached for use as the buriative filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to buriat, cremated, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 1	REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H DAY	YEAR 3. TIME OF DEATH	
	ALTHEA MARTI	IN				June 7	1994	10:36 P	
	4. SOCIAL SECURITY NUMBER 5. SEX $488-48-1338$ 1 \square M	2X F	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 4-30-1	(*)	8. BIRTHPLACE (State or Foreign Country) MARYLAND	
NO.	Salisbury Nursing & Rel				y, Md. 2			ry of Death Comico	
	100. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION SALISBURY					10d. INSIDE CI LIMITS7 1 YES 2 2			
TO LONG	The state of the s				21801		10g. CITIZ	U.S.A.	
5	1 Never Married 2 Merried FORCES? 1 YES 2 NO Hy			If yes, sp	S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— se, specify Cuben, Mexicen, Puerto Ricen, etc.) YES 2 NO Specify:			14. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETICE	Elementary/Secondary (0-12) College	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [College (1-4 or 5 +) LIOM TAN A VICTO		166. KIND OF BUSINESS/INDUSTRY OWN HOME					
	17. FATHER'S NAME (First, Middle, Last)				10 MOTHED D NA	ME (First, Middle, Me		<u> </u>	
	WILLIAM REED A	NDERSON			VI	OLA FAZ	ZENBAKI		
	190. INFORMANT'S NAME (Type/Print) NANCY BUTLER 190. MAILING ADDRESS (Street 520 W • CO							Code) Y, MD. 21801	
	20s. METHOD OF DISPOSITION 1	State ceme	PLACE AND DATE OF othery, crematory or other CASTERN	ner place)		6-8 200		Hty or Town, State ETOWN, DEL.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	Sun	3/	22. NAME AN	ID ADDRESS OF FA		IOME, SA	ALISBURY, MD	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DOE TO JOH AS A	CONSEQUENCE OF	in hea	,	like		1540	
	PART II. Other significant conditions contrib	uting to deeth bu	it not resulting in	the undarlying	g cause given in		S AN AUTOPSY	24b. WERE AUTOPSY FINDIN	
							1 YES 2 NO COMPLETION OF OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
	1 YES 2 NO 1 Inpa	tlent 2 - ER/Outpe		OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO					26d. DESCRIBE H	1. DEŞCRIBE HOW INJURY OCCURED		
1	3 Suicide 4 Homicide 8 Could not be determined 8 Could not be determined				28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
9	8 Could not be	bunding, etc. (Speci							
	8 Could not be	he best of my knowle							
9	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the 29b. SIGNATURE	he best of my knowle beste of examination	end/or investigation	n, in my opinion, d		time, data end plac	e, and due to the		
	4 Homicide Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	he best of my knowledge of examination	TH (ITEM 27) (Type,	n, in my opinion, d	20c, LICENSE NUI D-2934	time, date end place ABER	e, and due to the	cause(e) and menner as stated	

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director years. Substitute the detector of the physician and completely filled in by the funeral director was a chould be detected for use or the buriet terms.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	DING PHYSICIAN: The law requires that the death certificate be executed with	After this certificate has been sinned by the attending physician and complete
DIVISI	L OR ATTEN	DIRECTOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	F DEATH			3. TIME OF DEATH
	RUSSELL ALF	RED		Mitche	:1/	TUN	e 3°	1994	YEAR	1225 "
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			8. BIRTH	PLACE (State or Foreign
	220-26-8442	1 M 2 F	66 YRS.	MONTHS DAYS		FEB.	13, 1	928	MAR	
œ	9a. FACILITY NAME (If not institution, give str				R LOCATION OF DI	EATH		9c. COUN	TY OF D	EATH
DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO									CO
ñ	10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCAT	ION					10d. INSIDE CITY
	MARYLAND WORCES	TER	BERI	LIN						LIMITS? 1 YES 2 NO
IAL	10e. STREET AND NUMBER			101. ZIP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	10729 ADKINS ROAD			2	1811			US	A	
5	11. MARITAL STATUS 1 Never Merried 2 K Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ENDENT OF HISPAN			or No-	14. RACE Black	— Americen Indian, , White, etc.
BY	3 Widowed 4 Divorced	IF YES GIVE WAS OR DATE			ES 1 YES 2 X NO Specify:			1	Specif	
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	N N	16b.	KIND OF BU	SINESS/INDI		TIE
TH.	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during mo e retired.)	st of working					
MPL	12		PLUMBER			PL	UMBIN	G		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	iddle, Maiden	Sumame)		
BE	ALFRED RUSSELL MIT	CHELL			EMMA SM	ALLWO	OD			
2	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural i				Code)	
	ILEAN MITCHELL 200. METHOD OF DISPOSITION				ROAD, BE				218	
	1 Seriel 2 Cremetion 3 Remote 4 Donetton 5 Other (Specify)	val trom State C6	b. PLACE AND DATE Of the control of	FDISPOSITION (Na her place)	me of	OATE		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICE		VERGREEN		Y ADDRESS OF FA		9н в	EKLIN	, M.F	ARYLAND
	· P// 0 1.0	200x >								
	Charles W.	The								E, DE.19975
	23. PART i. Enter the diseeses, or co shock, or heart fallurs. L	Ist only one ceuse on	eech line.	ot enter the mo	de of dying, suc	h as cerdi	ec or respi	ratory erre	est,	Approximats intervei Between
	IMMEDIATE CAUSE (Finel disease or condition	diament as an idala.								Onset and Death
H	resulting in death) a									
z										
5	Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disesse or injury									
F	thet initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	d.									
AL (PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY 24b. WER							WERE AUTOPSY FINDINGS		
	Preumonia						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS			
ME	Cerebrovacular Accident						1 TES 2 NO			
ÿ										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL OTHER:	ACE OF DEATH (Ch	eck only one)			
IYS	1 VES 2 SONO	1 Inpatient 2 ER/Out		4 - Nursing Hom	5 Residence					
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	RK?	28d. DESC	RIBE HOW I	NJURY OCC	URED	
2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office 4 Homicide 28e. PLACE OF INJURY — At home, term, street, tectory, office City or Town, State) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the							TION (Street)	and Number	or Burni B	nute Abimber
							and mornous	or noral noute Number,		
91	29s. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	elados daeth occurs	d at the time date	and place, and due	44.45	-4-14			
MP		On the besis of exemination								end menner as stated
	296. SIGNATURE AND TITLE OF CERTIFIES	_			29c. LICENSE NUI					
BE	20	/	n.o.	İ	0306			DATE	S	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO								17	194
	James E. n	Cartly M.	0., 140	- E.	Carrol.	1 5	1. 5	a l'c	600	7 MD
	31. DATE FILED (Month, Day, Year) JUN 08 1994	3x REGISTRAR'S SIGN	NATURE					,	,	
	JUN 08 1994	falsa d'aveles	Mardall							

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	1 - STATE OF M	MARYLAND / DEP/ CERTI		OF DEAT		ENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1 7.e.	bulon	Mar	phy!	2. DATE OF DEATH		YEAR 3. TIME OF DEATH	
	Zebulon 0.	Mu	rphy	7 7 8 64 7	7.17	June 00		994 1440 "	
	4. BOCIAL SECURITY NUMBER 5. SEX 214-07-9933 1 ☑ M 2 ☐ F	6. AGE (In yrs. lest birthde	MONTHE	YEAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	4 -	BIRTHPLACE (State or Foreign Country)	
	211 01 7700	77 YRS				5 14 19		Maryland	
œ	9e. FACILITY NAME (If not institution, give etreet end number)			OWN OR LOCATE		TH	9c. COU	NTY OF DEATH	
DIRECTOR	409 Talbot Avenue		C	ambrid	ge		Do	rchester	
R	10e. STATE 10b. COUNTY		CITY, TOWN OR					10d. INSIDE CITY LIMITS?	
	MD. Dorchester		Cambr	idge				1 N YES 2 □ NO	
FUNERAL	100. STREET AND NUMBER 409 Talbot Av	e.		101. ZIP CODI			-	S . A .	
BY		T EVER IN U.S. ARMED YES 2 1 NO WAR OR DATES	II y	S DECENDENT Comes, specify Cube	n, Maxicen,	ORIGIN? (Specify Yas Puerlo Rican, atc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 -	(Give kind life. Do NOT	use retired.)	ring most of working		16b. KIND OF BUS			
ME.	17. FATHER'S NAME (First, Middle, Last)	gene	erar II	anager				wholesale	
		rphy		18. MOTI		E (First, Middle, Maiden Cecil J	ones	3	
TO BE	19e. INFORMANT'S NAME (Type/Print)					ite Number, City or Town			
ĭ	C. Reginald Murphy	1103	Glov	er Ave	e., (Cambridg	e MI	21613	
	20a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from Stata 4 Donetion 5 Other (Specify)	206. PLACE AND DATE Cometery crematory of Dorcheste	reof disposition of the Memo	on(Neme of	rk 6			City or Town, Stata e Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	22. NA	ME ANO ADORE	SS OF FACIL	Thoma		ineral Home	
	Meners K Tro	1 Som					_	ge MD 21613	
	23. PART I. Enter the diseases, or complications the ahock, or heart fellure. List only one cau IMMEDIATE CAUSE (Final disease or condition resulting in death) Arteric	es on aach lina. Osclerotic	c Card					Approximate Interval Batwean Onset and Death MONTHS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
LC	PART II. Other significent conditions contributing to	death but not resultin	g in the unde	erlying ceuse (given in Pa	ITT I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
ICAL						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
AEC						T D COL		OF DEATH?	
PHYSICIAN: MED	DID TOBACCO USE CONTRIBUTE	TO CAUSE O	F DEATH	YES 🖂	NO 1	Inqu	тгу		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			28. PLACE OF D	EATH (Check	only one)			
YSI	YES 2 NO 1 Inputent 2	ER/Outpatient 3 DOA	OTHER:	g Home 🔣 Re	eldence 8	Other (Specify)			
ВУ РН	27. MANNER OF OEATH 1 X Netural 5 Pending 2 Accident Investigation		IME OF 21	Bc. INJURY AT WORK?	~ 1	8d. DEŞCRIBE HOW II	NJURY OC	CUREO	
	3 Suicide a Could not be 28e. PLACE O	F INJURY — At home, larmetc. (Specify)	n, street, factor	y, offica	2	81. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,	
COMPLET	t only								
8	2 MEDICAL EXAMINER: On the basic of as	remination end/or investiga	rtion, in my opis	nion, desth occur	red at the tin	ne, date and placa, en	d due to th	ne couse(e) end manner ee stated,	
TO BE	Superior and title of centres				C.M.		•	E SIGNEO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED AUS			- 4					
	31. DATE FILED (Month, Day, Year) 32. REGISTRA	R'S SIGNATURE	ul SFT	eer. F	sa (†)	more, M	aryl	and 21201	
	JUN 1 6 1994 Julia Daw	dear Rardall						OHIAN SE SUL 1990	



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH			EKITE	CALE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Telma	Ruth				M111	linix		DATE OF DEATH	NY.	YEAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX							06 15)	94	1:01 am m
		7.79.1	6. AGE (In yrs. i		IF UNDER	DAYS	IF UNDER 24 I	404	Month, Day, Year)	- 1	Country)	ACE (State or Foreign
	-17 10 1070	1 🗆 M 2 😾 F	86	YRS.				Jı	ıly 24, 1	L907	I11n	ois
_	9s. FACILITY NAME (If not institution, give str	,							NTY OF DEA			
0	Avalon Manor Hom	e, Inc.		Hagerstown					Was	shingt	on	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			19c. CITY, TOWN OR LOCATION 10d M								
<u> </u>		derick									10	Dd. INSIDE CITY LIMITS?
		GELICK		1.	yers	-						☐ YES 2 🔀 NO
ZA!	10e. STREET AND NUMBER	1 51				101	ZIP CODE					AT COUNTRY?
ji l	4124 Fishers Hol	TOM Kd.					217	/3		U.S	.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMED					RIGIN? (Specify Yes erto Rican, etc.)	or No-	14. RACE	- American Indian, Vhite, etc.
BY	1 Never Married 2 Married 3XXWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES	2			2 X NO 3		orto riioani, otocj	- 1	Specify	hite
쁘	15, DECEDENT'S EDUC (Specify only highest grade of	completed)		Give kind of v	vork done di				16b. KIND OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) '	ite. Do NOT us								
E		4		homem	aker					m ho	me	
8	17. FATNER'S NAME (First, Middle, Last)						111111111111111111111111111111111111111		First, Middle, Meiden	Sumame)		
BE	Charles Ephram	Farrier		_			Pat:	ience	Derkey			
0	t9e. INFORMANT'S NAME (Type/Print)								Number, City or Town			
	C. Guy Mullinix			11773	Rocl	cy M	leadow	Rd.	Clear S	brin	g. Md	. 21722
	20s. METHOD OF DISPOSITION 15 Burlel 2 Cremetion 3 Ramo	val from State	20h PLAC	FANDDATE	EDISPOSI	TION (No	me of		DATE 20c. LO	CATION -	City or Town	, Stats
	4 Donation 5 Other (Specify)		Gros	snick	Ie Ce	emet	ery	6	/18 Myer	svil	le, M	d.
	21. SIGNATURE OF FUNERAL BEHVICE LICE	ENSEE					D ADDRESS			-		
- 2	Florida Solla	with-			21	maı	Modes	ruomb	son Fune	eral .	Home	01760
	23. PART I linter the diseases, or co	orholications that	coursed the	death Do s	31	L C.	Main	St.,	Middlet	own,	Md.	
	ahock, or heart fallure. L	lst only one cau	se on each lie	na.	or enter	uie iiio	ue or dying,	, aucii aa	cardiac or reap	ratory arr	wat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition											Onset and Death
	resulting in death)		respect	SEQUENCE OF): and Cagnitus Heart Facilius SEQUENCE OF): the Cardiovanally Dimension SEQUENCE OF):						hans		
		DUE TO	(OR AS A CONS	EOUENCE OF	ŋ: _				6 1			
S I	Sequentially list conditions,	Pur To	mount	مير	Care	ماله	740	1	millen			(4)
Ē	if any, leading to immediate cause. Enter UNDERLYING	DOE TO	(OR AS A CONS	EOUENCE OF	·):							
CERTIFICATION	CAUSE (Disease or Injury	DUE TO	OR AS A CONS	EQUENCE OF	n.		manha	1	men.			-
Ē	that initiated events resulting in death) LAST		(011 /10 /1 00110	COOLINGE OF	J .							
崽						-						-
_	PART II. Other aignificant conditions	contributing to	deeth but not	resulting 1	n the unc	deriying	g ceuse give	n In Part	I. 24a. WAS AN			ERE AUTOPSY FINDINGS
EDICAL	Distrito Mal	hites							PERFOR		0	MILABLE PRIOR TO OMPLETION OF CAUSE
									1 163 2	L-NO		F DEATH?
2									1		1 '	YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEAT	N (Check o	nh one)			
ည္က	EXAMINER?	HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHER				Other (Specify)	_		
PHYSICIAN: M	27. MANNER OF DEATN	28s. DATE OF		28b. TIM		28c. INJ			. DESCRIBE NOW II	NURY OC	CURED	
	1 Nettiral 5 Pending	(Month, Di	ny, Year)		URY	WO	PK?				567125	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	F INJURY At	home, farm, s	treet facto				LOCATION (Street a	nd Alumber	or Purel Pou	to Mumber
입	4 Homicide 8 Could not be	building,	etc. (Specify)			. ,,		20	City or Town, State)	no Nomber	O Plater NOO	te remon,
9 1	29s. CERTIFIER					-						
COMPLETED	(Check only											
Ö	2 MEDICAL EXAMINER	: On the besis of ex	ramination and/o	r Investigatio	n, in my op	inion, d	seth occured a	st the time,	data and place, an	d due to th	is ceuse(s) s	nd manner es stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENS	E NUMBER		29d, DAT	E SIGNED (M	lonth, Day, Year)
	V-(Z)	et mo					018	017		> 4	153	4
00					Detent					-		
TO B	30. NAME AND ADDRESS OF PERSON WHO											
00	30. NAME AND ADDRESS OF PERSON WHO	er, mo	334	MIL	e st	1	ACER	5-701	J~ , ~	02	nue	
00	31. DATE FILED (Month, Day, Yber)	er, mo	334	MIL	e st	١,	ACER	5-701	~ · ~	02	1748)
00	VASANT DAT-	er, mo		MIL	e st	<u>بر</u>	ACER	5701	~ · ~	02	1748	

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BALTIMORE, MARYLAND 21215-0	att	nse	
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	in the	letery till remation,	
109	d with	ompletery till, cremation,	
8760	cuted with	d completely till- urial, cremation.	
68760	executed with	and completely till to burial, cremation.	
JX 68760.	be executed with	clan and completely Till or to burial, cremation,	
BUX 68760.	ate be executed with	ysiclan and completely till prior to burial, cremation,	
. BOX 68760.	tificate be executed win	g physician and completely till iene prior to burial, cremation,	
O. BOX 68760.	certificate be executed with	ding physician and completely till dygiene prior to burial, cremation.	
P.O. BOX 68760.	ath certificate be executed with	ttending physician and completely till tal Hygiene prior to burial, cremation,	
S, P.O. BOX 68760.	death certificate be executed with	ne attending physician and completely till Mental Hygiene prior to burial, cremation,	
IDS, P.O. BOX 68760.	the death certificate be executed with	y the attending physician and completely till of Mental Hygiene prior to burial, cremation,	
JRDS, P.O. BOX 68760.	that the death certificate be executed with	nd by the attending physician and completely till and Mental Hygiene prior to burial, cremation,	
CORDS, P.O. BOX 68760.	res that the death certificate be executed with	igned by the attending physician and completely till earth and Mental Hygiene prior to burial, cremation.	
ECORDS, P.O. BOX 68760.	equires that the death certificate be executed with	in signed by the attending physician and completely till if Health and Mental Hygiene prior to burial, cremation.	
HECORDS, P.O. BOX 68760.	w requires that the death certificate be executed with	been signed by the attending physician and completely tills it. of Health and Mental Hygiene prior to burial, cremation.	
AL RECORDS, P.O. BOX 68760.	law requires that the death certificate be executed with	has been signed by the attending physician and completely till Dept. of Health and Mental Hygiene prior to burial, cremation.	
TAL RECORDS, P.O. BOX 68760.	The law requires that the death certificate be executed with	ate has been signed by the attending physician and completely tills ate Dept. of Health and Mental Hygiene prior to burial, cremation,	
- VITAL RECORDS, P.O. BOX 68760.	ICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending	entificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached for use as the the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	

	1. DECEDENT'S NAME (First, Middle, L.	eell	CERTIFIC	DAIL OF	T	REG. N	0.	
						_		EAR 3. TIME OF DEATH
	EDITH 4. SOCIAL SECURITY NUMBER		LLER	IF UNDER 1 YEAR	IF UNDER 24 HRS.	June 1 7. DATE OF BIRTH	41. 2.	94 // JU
	235-22-5173	174286		IONTHS DAYS	HOURS MIN.	(Month, Day, Year) NOV . 16		Country) West V:
	Se. FACILITY NAME (If not institution, g			b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY	
DIRECTOR	Northhampt	on Manor Nu:	rsing Ho	me F	rederic	k	Fre	ederick
3EC	10a. STATE 10b. CO		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY
DIE	Maryland Fr	ederick	F	rederi	ck			1 TES 2 N
MI	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL		rson Pike			21702			ed States
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I	2 NO		ENDENT OF HISPANIC Holfy Cuben, Mexican, 2 NO Specify:		'ee or No— 14	. RACE — American Indian Black, White, atc. Specify: White
CD.	15. DECEDENT'S (Specify only highest of		16e. DECEDENT'S US			16b. KIND OF 8	USINESS/INOUS	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	rk done during mos retired.)	st or working			
COMPLETED		2	Secr	etary			vernme	ent
	17. FATHER'S NAME (First, Middle, Last					E (First, Middle, Meide		
BE	Spencer 190. INFORMANT'S NAME (Type/Print)	retty	19h MAII INC A	DOBESS /Street	Eliza nd Number or Rural Ro		owers	orfo)
10	Joseph R. M	iller						
	200. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (Na		7	CATION - CH	MD 21701 y or Town, State
	1 Burial 2 Cremetion 3 4 Donetion 5 Other (Specify)	Removal from State Ce	metery, cremetory or other			1		ville, MD
	21. SIGNATURE OF FUNERAL SERVIC				D ADDRESS OF FACI	LITY		uneral Ho
	myany x	- Jan				Staul	Ter FI	meral Hoi
	IMMEDIATE CAUSE (Final disease or condition	ure. Liet only one ceuse on	eech line.				. Free	derick, M
ITIFICATION	shook, or heart felit IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Premaria Due TO (OR AS C.	eech line.	t enter the mod			. Free	derick, Mi
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MEDICAL CERTIFI	ehook, or heart felit immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. PREVIOLE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. Hospital:	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	t enter the mod	de of dying, such	art i. 24a. WAS / PERF- 1 YES	NAUTOPSY ORMED?	t, Approximatinterval Bat Onset and
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ETED BY PHYSICIAN: MEDICAL CERTIFI	ehook, or heart felit IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 40 27. MANNER OF DEATH 1 Natural 5 Pending investigate 1 1 Natural 2 Accident 1 1 Natural 3 Suicide 8 Could not determine 1 1 Check only 1 CERTIFYING P	AL HOSPITAL: 1 Grant Due TO (OR AS C. Due TO (OR AS d. Due TO (A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ty — At home, farm, streedity)	the underlying 26. PL THER: 1.9 Auraing Homo OF 28c. INJ M 1 Veet, factory, office at the time, date	de of dying, such g cause given in P ACE OF OEATH (Chec 5 Residence 5 URKY /ES 2 NO end place, end due to	art i. 24a. WAS / PERF- 1 YES Other (Specify) 28d. OESCRIBE HOV City or Town, Sta	IN AUTOPSY DRMED? 2 ON VINJURY OCCUPATION OF Earl Number or tend Number or tend number or tend	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CAMPIC 1 YES 2 No.
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	ehook, or heart felit immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending investigat 3 Suicide 8 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERAE	B. PLACE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in tpetient 3 DOA 28b. Time (NJUF) Y — At home, farm, streetly) wiedge, death occurred for end/or investigation,	t enter the model of the underlying	de of dying, such g cause given in P ACE OF OEATH (Chec 5	art i. 24a. WRS / PERF- 1 YES k only one) Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street, Colly or Nown, State on place, and place, on the cause(e) and norms, date and place,	IN AUTOPSY ORMED? 2 ONO V INJURY OCCUI	24b. WERE AUTOPSY FINANALABLE PRIOR TO OF DEATH? 1 YES 2 N

(I)

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				RITHIC				REG. NO.			
		DINE W M	- KNITOIIT	,			2. DATE OF MONTH	DAY	YEA		TIME OF DEATH
SOCIAL SECURITY NUMBER		DINE V. M	CKN1GH1 B. AGE (In yrs. las		IF UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE OF	7 1994		DT UDL A	CE (State or Foreign
219-26-3615	,	1 M 2 XXF	60		ONTHS DAY		(Month, D	1934	S. Bi	ountry)	YLAND
n. FACILITY NAME (If not insti	tution, give st	reet and number)		9	b. CITY, TOW	N OR LOCATION OF D	EATH		c. COUNTY O	F DEATH	1
9 HICKS AVE		APT. 3			ANN	APOLIS			ANN	NE A	RUNDEL
a. STATE 1	Ob. COUNTY			10c. CITY,	TOWN OR LO	CATION				100	. INSIDE CITY
MARYLAND	ANNE	ARUNDEL		AN	NAPOL:						LIMITS? XYES 2 \(\text{NO} \)
HICKS AVEN	UE AP	T. 3				10f. ZIP CODE 21401			0g. CITIZEN (OF WHAT	U.S.
. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or	No- 14. R	ACE -	American Indian,
Never Merried 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FORCES? 1 [IF YES, GIVE WA	R OR DATES	Įo		, specify Cuben, Maxico YES 2 XXO Specif		an, etc.)		neoMr.	LACK
15, DECE	ENT'S EDUC	CATION	18a. DE	CEDENT'S US	SUAL OCCUP	ATION	18b. K	IND OF BUSIN	ESS/INDUSTR	ľΥ	
(Specify only it		College (1-4 or 5+)	(G life.	DOMES	rk done during retired.) TIC	most of working	ŀ				
. FATHER'S NAME (First, Mide	die, Lest)					18. MOTHER'S NA	ME (First, Mid	ldle, Melden Sui	name)		
JOHN M. WAT	KINS					MARY I	E. HIC	KS			
a. INFORMANT'S NAME (Typ			19	b. MAILING A	DDRESS (Stre	et and Number or Rural	Route Number,	City or Town,	State, Zip Code)	
JOSEPH McKNI	GHT		c	HTCK	S AVE	. ANNAPOL	S. MD	. 2140	1		
De METHOD OF DISPOSITIO			20b. PLACE	OF DISPOSIT		cemetery, crematory or	,	7	FION — City of	or Town,	State
☐ Boriel 2 ☐ Cremation ☐ Donation 8 ☐ Other (S		rval from Stata	other pl	ace)		RCH CEMETI	7PV	OMEN	SVILLI	7 N	D.
I. SIGNATURE OF FUNERAL	* * * */*	ENSEE	I CHEW	U.M	22. NAM	E AND ADDRESS OF FA	CILITY			الل و ا	
Lavy	#.7	Peese				SE & SONS WEST ST.				1401	
3. PART I. Enter the dis-	eases, or c	omplications that	caused the de	ath. Do no							Approximate
		Liat only one caus									Interval Between Onset and Death
MMEDIATE CAUSE (Fina lisease or condition	1	(1 1	1		Acros	H				Oliset and Deat
esulting in death)		a. Out TO #	OR AS A CONSE	OHENCE OF	0/4	1/1/07					
		Fall	C + CONSE	17	/	Arres Failu	10				
Sequentially list condition		DUE TO (J 7 a 5 Y	DUENCE OF:	nal	1 all a					
any, leading to immedi cause. Enter UNDERLYIN		Dich	e tes	120/1	1, 10 -	_					
CAUSE (Disease or Injury		W	OR AS A CONSE	OUENCE OF	INI						
hat initiated eventa eaulting in death) LAST		14	TA PP (SIBN	-scre	10				
,		1. (A.	y pret	101.	91041	-3000	, .				
PART II. Other aignifican	t condition	a contributing to d	leath but not	reaulting in	the underl	ying cause given in	Part I. 2	4a. WAS AN AL			RE AUTOPSY FINDINGS
								PERFORMI	A .	CO	MILABLE PRIOR TO MPLETION OF CAUSE
							I '	I TES 2 /	CNO		DEATH?
									- 1	1 (YES 2 NO
					21	B. PLACE OF DEATH (C	back anti-anal				
WAS CASE REFERRED TO	MEDICAL				41		orny one)				
5. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	EDIO		OTHER:	**					
EXAMINER? 1 YES 2 ONO	MEDICAL	1 🗆 Inpatient 2 🗆		□ DOA 4	Nursing	Home 5 Reeldence		,			
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 P			NJURY		OF 28c	**		Specify) RIBE HOW INJ	URY OCCURE	D	

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	and N	or item 23 shows an

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH	
- 3	HARRY E. MC CUMM	INGS				June 6,	"1994 ^{"[}	6:45 P M	
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (in yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	6. B	HRTHPLACE (State or Foreign	
	216-16-1602	XM 2 □ F 77	YRS.	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Sep 2 1916 PA					
	9a. FACILITY NAME (If not institution, give street			96. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY OF DEATN		
DIRECTOR	Perry Point VA	Medical C	enter	Perry	Point		Cecil		
#	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?		
	MD Ceci	1	Per	ry Poi	nt			KX YES 2 NO	
FUNERAL	10e. STREET AND NUMBER		_	101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
剪	Perry Point VA	<u>Medical C</u>	enter		21902		US.	A	
5		. WAS DECEDENT EVER IN FORCES? 1 X YES				NIC ORIGIN? (Specify Yearn, Puarto Rican, stc.)	or No- 14, 1	RACE — American Indian, Black, White, atc.	
BY	1 Naver Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES +	1 TYES	2 NO Specif			Specify: White	
	A A	WW							
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade corr	npleted)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTI	RY	
٦	Elementary/Secondary (0-12) C	College (1-4 or 5+)	Labore		n	Cons	truct	ion	
≅	17. FATHER'S NAME (First, Middle, Lest)		Bubore	2 / 11400				1011	
	Arthur McCummin	es				ME (First, Middle, Maiden Moore	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	0.0	10h MAII INC A	DDBESS /Staret		Aoute Number, City or Town			
2	Alan E McCummin	0.0						9)	
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF			ton MD 21			
	1 Donation 5 Other (Specify)		etery, crematory or other	ar place)			CATION — City of		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	iee /	rookvie	Como	tory 6-	-15-94 Ri			
- 1						R T Fo	ard F	uneral Home	
	77/	~/		111 S Queen St Rising Sun MD 21					
	23. FART I. Enter the diseases or com shock, or head fallure. List	plications that caused	the death. Do no	t enter the mo	de of dying, suc	h es cardiac or respi	ratory arreat,	Approximate Interval Batween	
	IMMEDIATE CAUSE (Final	• / • • • • • • • • • • • • • • • • • •						Onset and Death	
	disease or condition resulting in death) a	Adult Res	pirator	y Dist	ress S	yndrome		30 Min.	
_		Pulmonary						30 Min.	
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	Ditt				JO HIII.	
8	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				- —		
CERTIFICATION	resulting in death) LAST				<u>, </u>				
	PART II. Other significant conditions of	ontributing to death h	ut not resulting in	the underiving	cause given in	Part I. 24s. WAS AN	AUTOPSV T	24b. WERE AUTOPSY FINDINGS	
CAL	1. Pneumonia an		or the towarding the	the officerrying	g coddo given iii	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 YES 2	₩ NO	OF DEATH?	
Σ	2. Multiple Dec					- 1		1 TYES 2 NO	
AN	3. Cancer-Right	. Lung	4. Canc						
PHYSICIAN: MEDIC	EXAMINER?	OSPITAL:		OTHER:	ACE OF DEATH (Ch				
7₹	27. MANNER OF DEATH	Mnpatient 2 ☐ ER/Outp	28b. TIME			6 Other (Specify)	u illev occine		
	1 V Netural 5 Pending	(Month, Day, Year)	INJUI	RY WC	RK?	28d. DESCRIBE NOW II	NJURT OCCURE	•	
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	— At home, farm, str			28f. LOCATION (Street a	and Number or Br	ural Souta Alumbar	
COMPLETED	4 Nomfolde 8 Could not be	building, atc. (Speci	ffy)			City or Town, State)	ING PURIOSE OF THE	nei rione rumos,	
<u>""</u>	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the heat of my knowl	ados death coursed	et the time dete	and place and dur	An Abrahaman and an and an and an and an and an an and an an and an an and an an an and an an an an an an an an an an an an an			
₹ I								ree(a) and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER)							
8		110.0 . 11.			29c. LICENSE NUI	77%		NED (Month, Day, Year)	
2	30. NAME AND ADDRIES OF PERSON WHO CO	OMPLETED CAUSE OF DE	TH (ITEM 27) (Text 1	(int)	D15124	4	6/7	/94	
	/	N, M.D.,			OINT,	MD 21902)		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA			O 1 11 1 1	21302	,		
	JUN 1 4 '94	Luna Davido							
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1. DECEDENT'S NAME (First, Middle,	Maurice	L. Ma	rshal	1				2. DATE OF D MONTH 06	DAY 10	92	3. TIME OF DEATH 4 0821 a	
4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HTH	1.8	IRTHPLACE (State or Foreign	
220-28-4978	1 🖾 M 2 🗆 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	05/1	67193		Maryland	
9a. FACILITY NAME (If not institution,	give street and number)			9b. CIT	, TOWN O	R LOCATIO	ON OF DE			. COUNTY C		
Dorchester	ospita	1		Camb	rid	ge			Dorc	Dorchester		
RESIDENCE OF DECEDEN			tear campringe								CHeacer	
10a. STATE 10b. CC	orchester		10c. C/1	ry, town							10d. INSIDE CITY LIMITS?	
-	orchester				Camb						1 TES 2 HO	
10. STREET AND NUMBER 14 Sandy A					101.	ZIP CODE	216	13	101		S.A.	
11. MARITAL STATUS Nover Married Merried Nover Married			orea 1956	n 13.	WAS DEC	cify Cuba	n, Mexicer	IC ORIGIN? (Sp n, Puerte Rican	pecify Yes or N , etc.)	3	RACE — American Indian, Black, White, etc. Specify: hite	
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. I	DECEDENT'S	Work done	CCUPATIO	N at of workin	ag.	16b. KIN	D OF BUSINES			
Elementary/Secondary (0-12)	College (1-4 or 5	-)	ife. Do NOT u	see retired.)								
12	5+	F	inan	ice :	Dire				Hea			
17. FATHER'S NAME (First, Middle, Les	·							ME (First, Middle		ame)		
George Morr	is Marsha							dys E				
19a. INFORMANT'S NAME (Type/Print)								loute Number, C				
Bonnie S. Ma	arshall						, Ca				21613	
20a. METHOD OF DISPOSITION 1 Strict Burlet 2 Cremetton 3 C 4 Donation 5 Other (Specify)	Removal from State	comptony o	EAND DATE	other place				OATE			or Town, State	
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		- IMDV∈	etera		NAME AN			6-14	Hur	lock	, MD.	
21. SIGNATURE OF FUNERAL MENTAL	Grensee	4							Funox	-1 H	omo D A	
popular y	Orran-1	anne	vell	3	08 H	iah	St	. Car	mbrid	ae, ae,	ome, P.A. MD. 21613	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CONS	SEOUENCE O	DF):	0	use	AS	<u> </u>			Sev 4Rg.	
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant cond	litiona contributing to	death but no	t resulting	in the u	nderlying	Cause (given in		YES 2 1	?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?		26. PLACE OF DEATH (Check only					ock only one)	only one)				
1 TYES 27 NO	HOSPITAL:	ER/Outpatient	3 000A	4 Nu		5 🗆 Re	sidence	8 Other (Spi	ecify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigs	28a. DATE OF (Month, E		28b. TIR IN	ME OF JURY M	28c. INJI WO 1 🔲 Y	JRY AT RK? 'ES 2] NO	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could no 4 Homicide determin	28e. PLACE C	F INJURY — At etc. (Specify)	home, farm,	street, fac	tory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
Control of the	PHYSICIAN: To the best of										ise(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CO. 30. NAME AND ADDRESS OF PERSO	Leve		nmood		ciff	29c LICH	5 (63T	294	d. DATE SIG	MED (Month, Day, Year)	
31. DATE FILED (Month, Day, Year)	SHAR	R'S SIGNATURE	M.	A	10	5	Au	no	254	2.0	Contrade	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 14 6

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Afte	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ease.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTI	MENT OF H	IEALTH AND I	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)	FLORENCE A	NNA NO	СК		2. DATE OF DEATH	2 94			
	4. SOCIAL SECURITY NUMBER 215 62 1056 9a. FACILITY NAME (If not institution, give s	1 □ M 2 💢 F 90	YRS.	DAYS D. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) April 27.	8. B	IRTHPLACE (State or Foreign punity) ennsylvania		
DIRECTOR	Atlantic Genreal I			Berlin			Worcester			
	Maryland Worc	ester		own or Local	TION			10d. INSIDE CITY LIMITS? XIXYES 2 \(\square\) NO		
FUNERAL	8 N. 6th Street				ZIP CODE		U.S.A	DF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 1 YES X IF YES, GIVE WAR OR DATES	ARMED	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	es or No— 14. F	NACE — American Indian, Black, White, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	Give kind of work life. Do NOT use n	done during mo etired.)	st of working Apartm		Touris	WY .		
SON	17. FATHER'S NAME (First, Middle, Last)		•		18. MOTHER'S NA	ME (First, Middle, Malder	n Sumame)			
BE	Thomas James Hai	gh	19h MAII ING AD	DBESS (Street o		Alice Sur Poute Number, City or To				
2	Robert Nock				ore Ave		City, M			
	20s, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		CEANDOATE OF E				CATION — City o	, Maryland		
	21. SIGNATURE DE FUNERAL SERVICE LIC	Bulan		BURB	AGE FUI	NERAL HO	OME 108	Williams St. 1		
	23. PART i. Enter the diseases, or o	complications that caused that List only one cause on each	umon.à	entar the mo	da of dyling, aucl	has cardiac or resp	piratory srrest,	Approximats interval Between Onset and Death		
TION	Sequentially list conditions, if smy, leading to immediate cause. Enter LINDERLYING									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CON	reme	age						
AL	PART II. Other algnificant condition	s contributing to death but no	ot reaulting in t	he undarlying	j cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO-	HOSPITAL:		THER:	ACE OF DEATH (Che	100				
PHY	27. MANNER OF DEATH 1 Netteral 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJ	URY AT RK?	28d. DE\$CRIBE HOW	INJURY OCCURED)		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, ferm, stree		ES 2 NO	281. LOCATION (Street City or Town, State	and Number or Rui	ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the bast of my knowledge, B: On the basis of examination and	, death occurred a	t the time, data	and place, and dua	to the cause(s) and ma	nner as stated.	se(s) and manner as stated.		
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	J. L.	an		29c. LICENSE NUM		29d. DATE SIGN	NED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO 1001 Philadelphia	Ave. Ocean	City, M		842					
10	31. DATE FILED (MOOTH, Day, Year)	32. ABGISTRAN'S SIGNATUR	Rudoll							

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THE STATE OF THE S

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
1	Kichard Ha	mer No	RRIS			June 1	1994	8.20 A.
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
	179–12–1883	1 XXXM 2 □ F	71 YRS.	MONTHS DAY	HOURS MIN.	11/8/22		ennsylvania
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY OF	OEATH
5	Harford Memoria	l Hospital		Havre	de Grace		Harfor	rd .
<u> </u>	10e. STATE 10b. COUNT		10c CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	Maryland I	Harford		Aberdee				LIMITS?
	10a. STREET AND NUMBER	Iditota		Derace	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ER/	75 Valley Bot	tom Drive			21001			5.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS (NC ORIGIN? (Specify Yes		CE — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 X YES		If yee,	specify Cuben, Mexice ES 2 NO Specify	n, Puerto Ricen, etc.)	Ble	ck, While, etc.
ВУ	3 Widowed 4 Divorced	WW II					V	hite
LED	15. OECEDENT'S EOU (Specify only highest grade	ICATION a completed)	16a. DECEDENT'S	work done during	ATION most of working	16b, KIND OF BU	SINESS/INDUSTRY	
LET	Elementery/Secondery (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	se retired.)				
COMPL	12	0	Civil	Servic			overnmer	nt
	17. FATHER'S NAME (First, Middle, Last)	Mozzai e				ME (First, Middle, Meiden		
8	Roy Hamer	NOLLIS				on Smith R		
5	Mrs. Katherine	o W Norric				noute Number, City or Tow Ve, Aberde		21001
	200. METHOD OF DISPOSITION		PLACE AND DATE					
	1 Buriel 2 Cremetion 3 Rem	noval from State come	tone promotone or o	thes place!		6/13 Wes	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	. А. ге		AND ADDRESS OF FA		L Gleste	EL, PA
	Minton	12.1112	2/21/	Tar	ring-Cargo	o Funeral	Home, P.	Α.
	DUSUIT	THE CONTRACTOR	fuck	Abe	rdeen, Mai	ryland 21	001–3399)
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one cause on ear	the death. Do i ch line.	not enter the	mode of dyling, sucl	as cardlec or reapi	ratory arreat,	Approximate Interval Between
A	iMMEDIATE CAUSE (Final disease or condition	8	RO	1116	1 1	1	2	Onset and Dea
	resulting in death)	a. PULL	TOURSE OUT OF	ex wy	repr	rest 1	heimy	ma
_	_	1-110	O a sal	the '	1 //	1	1, 0	1 . (
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR ASIA O	ONSEQUENCE O	7	mangha	ing y	7 ()	1 68
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Summert	Conox	hom	in Yall	Horald .	1	/
臣	that initiated events	DUE TO (OR AS A	ONSEQUENCE O	F):		1,000		/
ш	resulting in death) LAST	d						
2	PART il. Other aignificent condition	na contributing to death bu	t not reaulting	in the underly	ring cause adven in	Part I. 24a, WAS AN	AUTOPSY Z	WERE AUTOPSY FINDING
CA	Jalesmen (OLO CW		A V	1 At toi	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	1900000	10 20-60	397/10	m	41-11-19	1 YES 2	100	OF DEATH?
	Live on the	11-	0 1	V IN	00 Lt -	la de		1 YES 2 10
A	25. WAS CASE REFERRED TO MEDICAL	MINA /	b-LIM	26	PLACE OF DEATH (Chi	ck only one)		
Sic	EXAMINER?	HOSBITAL: 1- Inpetient 2 FR/Outpet	tient 3 DOA	OTHER:	ome 5 - Residence			
PHYSICIAN:	27. MANNER OF DEATH	280. OATE OF INJURY	26b. TIM	E OF 26c.	INJURY AT	26d. DESCRIBE HOW I	NJURY OCCURED	
> 1	Nettral 5 Pending 2 Accident Investigation	(Month, Day, Year)	N.		WORK? YES 2 NO			
0 8	3 Suicide 6 Could not be	26e. PLACE OF INJURY - building, stc. (Specifi		street, fectory, o	ffice	28f. LOCATION (Street	and Number or Rural	Route Number,
2	4 Homicide determined	bunuing, arc. (Specif				City or Town, State)		
٦	290. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my knowle	dge, death occurr	ed at the time, d	ate end piece, end due	to the cause(s) and mer	oner ee stated.	
COMPLE		ER: On the basis of exemination						(s) end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			D (Morgh: Day: Year)
8	(N)	-12			DIGT	72	b //	1161
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	. Print)	ALTA T	4 2	X/ b/	1774
	WZATA	MAMIE	2 n	1D'	8 6	au st.	theore	- Me
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	11/			100)	
	ILIN 4 4 100	A deli Aprilia	. P. 1 11					

BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Annual after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the funeration, or removal.
13146,	executed within 2- nours	and completely filled in a burial cremation, or re
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	death certificate be	e attending physician fental Hyniene prior 8
- RECORDS	law requires that the	as been signed by the
N OF VITA	VG PHYSICIAN: The	ter this certificate h
DIVISIO	TAL OR ATTENDIA	VAL DIRECTOR: Af
	TO THE HOSPI	TO THE FUNER

		FOR STATE REGISTRAR	STATE OF MARYL		EPARTME			NTAL HYGIENI REG. NO.	E		
	1	1. DECEDENT'S NAME (First, Middle, Last)					1	. DATE OF DEATH		3. TIME OF DEATH	
		HAROLD DAVIS	NEFF, Sr.					06 13			
- 1		4. SOCIAL SECURITY NUMBER		'In yrs. last bi		DER 1 YEAR		DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)	
3		225-01-5081	1 X M 2 □ F	78				3-14-191	5	VA	
	~	9a. FACILITY NAME (If not institution, give str					R LOCATION OF DEAT		9c. COUNTY		
)	DIRECTOR	Calvert County	Nursing C	ente	r Pr	ince	Freder	LCK	Cal	vert	
<i>r</i>	EC	10s. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	ON			10d. INSIDE CITY LIMITS?	
-		MD	Calvert		Chesa	peak	e Beach			1 🔀 YES 2 🗌 NO	
STATE OF	34	7531 "C" Stree	<u>.</u>			101.	ZIP CODE			OF WHAT COUNTRY?	
	NER						2073		US.		
-	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO		If yes, spe	city Cuban, Maxican,	ORIGIN? (Specify Yea Puerto Rican, etc.)	1.8	RACE — American Indian, Black, White, atc.	
	B	3 Widowed 4 Divorced	WWII	ATES		1 U YES	2 NO Specify:			white	
l	8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECE (Give	DENT'S USUAL kind of work do o NOT use retire	L OCCUPATIO	N at of working	16b. KIND OF BUS	INESS/INDUST	RY	
	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	100				David de			
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Own	er/Ma	nage		Bowlin		ey	
at on		Jesse Ralston	Neff				Berta		aylor		
fled	86	19a. INFORMANT'S NAME (Type/Print)	11011	19b. I	MAILING ADDR	IESS (Street a		ite Number, City or Town		(e)	
noti	2	Tammie Jo Mumma	a	38	18 13	th S	t.PO Box	1257, Che	es. Bch	n. MD 20732	
t pe		20s. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Ramo	201		DISPOSITION		netery, cremetory or		CATION — City		
Ē		4 Donation 5 Other (Specify)	Me		olitan		tory 6/13		kandria	ı, VA	
in a		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME AN	D ADDRESS OF FACI	LITY			
еха		William K	Se-	-]1	Rauscl	runeral	Home, PA	, Owing	gs, MD	
or other traumatic event, the medical examiner must be notified			omplications that cause list only one cause on e		h. Do not er	nter the mo	de of dying, such	aa cerdlec or reapi	retory erreat,	Approximete interval Between Onset and Death	
the		iMMEDIATE CAUSE (Final disease or condition	Sadd	100 /	ind	das	Louth			mint	
rent,		disease or condition resulting in death) o. Sudden Cardiae death Due TO (OR AS A CONSEQUENCE OF):									
tic e	Z	Composite the ties acceptations	Sequentially list conditions, The Arteria schrotic coronary vascular disease yrs								
anma	CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING									
4	5	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQU	ENCE OF):						
r oth	E	resulting in death) LAST									
injury, o											
3 3m l	K	PART II. Other aignificant condition	s demen		sulting in the	underlyln	g ceuse given in P	art i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
2 2	MEDIC	1713 hung			1	1	1. 1	1 TYES 2	. □•No	OF DEATH?	
Item 23 shows an		rucen ruce	at b wedin	950	unda	4 40	henersh	450		1 🗆 YES 2 🕒 ᠩ O	
m 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		•		26. PI	ACE OF DEATH (Chec	k only one)			
	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3		HER: Nursing Hom	e 5 🗆 Residence 8	Other (Specify)			
ed, o	E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJ WO	URY AT	28d. DESCRIBE HOW INJURY OCCURED			
marked,	8	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO				
28 is	ED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spe	Y — At homeoffy)	e, farm, street,	, factory, offic	•	28f. LOCATION (Street City or Town, State)		Rural Route Number,	
Item 2	Ē	29a. CERTIFIER , TOPEDTIEVING PHYSI	CIAN: To the best of my know	uladar di-	th against at a	the time state	and place and dis-	Of the second of the second			
7 =	COMPLE	coel comy								suse(a) and manner as stated.	
PORTANT:		29b, SIGNATURE AND TITLE OF CERTIFIES	nonn				29c. LICENSE NUME			GNED (Month, Day, Year)	
	B	/Lales &	Ach VA	gen			M0700	11	D 60-	13-94	
2 ≥	임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	EATH (ITEM	27) (Type, Print)			, ,			
		Robert J. Sohla	1 10	101	tospi	tal F	12 BIV	caredre	of m	1 30678	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE				0			

Julia Davidson Rarball

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ding physici the burial-	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitten. The number of the state Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows, any Injury, or other traumatic event, the medical examiner must be marked.	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	DAVID	P.	NELSON	V.			1994	0431 M		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)		
	215-44-6340	1 🔀 M 2 🗌 F	49 YAS.			May 7, 19	45 M	aryıand		
œ	90. FACILITY NAME (If not institution, give st Peninsula Regiona	,			OR LOCATION OF D		9c. COUNTY			
57	RESIDENCE OF DECEDENT	i Medical Ce	enter	Sali	sbury, M	Ш	Wic	comico		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY		
	Maryland	Worcester		Snow	Hill			1 YES 2 AO		
RAL	3708 Seminole Dri	T/O		101	ZIP CODE 2186	2		OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II C ADMED	1 40 1110 0114				S.A.		
	1 Never Merried 2 Married	FORCES? 1 X YES	3 2 NO	If yes, sp	ecify Cuben, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc.		
ВУ	3 Widowed 4 Divorced	Vietnam (Ai		I TES	2 NO Specif	у:		White		
COMPLETED	t5. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTI	TY .		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	5.00			Eastern	Correc	tional		
MO	H. S. Graduate		Correction	onal Of		Institu				
	Earl L. Nelson					Lydia War	•			
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e		Aoute Number, City or Tow))		
6	Bonita J. Nelson	(Wife)				now Hill.				
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Remo	oval from State Co	b. PLACE AND DATE OF	DISPOSITION (Na	me of 6/15	/94 ATE 20c. LC	CATION — City of			
	4 Donation 5 Other (Specify)	Ea	astern Sho				Hurlock	, MD		
	Robert 14 B	rachelice	c.h.	Brads	haw & So:	ns Funeral	Home			
	Robert H. Brad		/	306 W	. Main S	t Crisfi	eld, MD	21817		
	23. PART I. Enter tha diseeses, or c shock, or heart failure. I	complications that cause List only ona cause on	ed tha death. Do not each lina.	entar the mo	da of dying, suc	h as cerdlec or reep	Iratory arrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death		
	* Arteriosclerotic Heart Disease 5 yrs +									
z										
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF):									
S I	CAUSE (Disease or Injury									
	thet initieted events resulting in desth) LAST	DUE TO (OR AS A CONSEQUENCE OF):								
		1.								
¥	PART II. Other eignificent condition	e contributing to death	but not resulting in	the underlying	cause givan in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
PHYSICIAN: MEDIC						t 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
Σ						_		1 - YE\$ 2 - NO		
AN	25. WAS CASE REFERRED TO MEDICAL			20 00	ACE OF DEATH (C)					
SIC	EXAMINER? 1 VES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch					
¥	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TIME C	OF 28c. (NJ	JRY AT	6 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURE)		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? 'ES 2 NO					
9	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, office		281. LOCATION (Street : City or Town, State)		ral Route Number,		
	4 Homicide determined									
COMPLET		CIAN: To the best of my know								
8		R: On the beels of examination	on and/or investigation,	in my opinion, d	eath occured at the	time, date and place, er	d due to the cau	se(s) end menner es stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	Dep. Medica			D 08008	3	▶ 06/1	1/94		
	Thomas C. Hill Jr			-	shirw. M	1 21801				
H	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGN	NATURE NORCE	, balls	Soury / Pic	7. STOOT				
	JUN1 4 1994 July	a wandler hard	all							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1. DECEDENT'S NAME (First, Middle, LE LEE MARIE	NEILL					2. DATE O	OF DEATH	2	YEAR	3. TIME OF DEATH 9:15 p.
4. SOCIAL SECURITY NUMBER 337-20-6392	5. SEX	6. AGE (In yrs. lest bit	irthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month), 12/	DE BIRTH Soley, Year)	12	Gountr	IPLACE (State or Foreign
9a, FACILITY NAME (If not institution, gi 827 Hook Roa	d				minster			9c. COU	Cal	roll
10a. STATE 10b. COL	NTY	1		Y, TOWN OR LOCAT	.83					10d. INSIDE CITY LIMITS?
MD. Ca 100. STREET AND NUMBER 827 Hook Roa	rroll			Westmin 10	nster ZIP CODE 21157			10g. CIT		1 YES 2XXNO
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES	ED .	If yes, sp	ENDENT OF NISPA	en, Puerto Ri			14. RACE	E — American Indian, c, White, etc.
15. DECEDENT'S I (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 6	+) (Give	kind of v nOT us	USUAL OCCUPATION Work done during more retired.)	ist of working		kind of Bus			use
17. FATHER'S NAME (First, Middle, Lest) Frederick Do	rsey Tho	ompson			Heste	AME (First, M	rgin:	Sumame) ia H	are	
Charles Stai	r	19b. N	· O ·	Box 1	nd Number or Rural 556, We	Route Numbers	nste:	n. Stere, Zip	d.	21158
20a. METNOD OF DISPOSITION 1	emoval from State	cametery, cremat	lory or of	OF DISPOSITION (Ne ther place)		OATE		CATION		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- I Carr	OTT		tion 6	ACILITY		amps	tea	a, Ma.
23. PART I. Enter the diseases, shock, or heert fallu	L Le	at caused the death	h. Do n	MYE Wes	tminste	er, M	ld. 2	1157		Approximete
23. PART I. Enter the diseases,	DUE TO	at caused the death use on each line. O (OR AS A CONSEQUE O (OR AS A CONSEQUE O (OR AS A CONSEQUE	ENCE OF	MYE Wes	tminste	er, M	ld. 2	1157		Approximete interval Between
23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO DUE TO DUE TO d.	O (OR AS A CONSEQUE O (OR AS A CONSEQUE O (OR AS A CONSEQUE	ENCE OF	MYE Wes not enter the mo	tminstende of dying, suc	er, M ch ea cerdl	ld. 2	1157 retory en	reat,	Approximate interval Between Onset and De On
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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27. MANNER OF DEATN

296. SIGNATURE AND TITLE OF C

1 🔲 Nefural 2 Accident 3 Sulcide 4 Homicid

TO BE COMPLETED BY FUNERAL DIRECTOR

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FOR 1 - STATE REGISTRAR	STATE OF N					EALTH AI DEATH		MENTAL HYGI			
1. DECEDENT'S NAME (Figst, Middle, Lest)	SUR	SUE	II GHT I	NGALE 99/	e			2. DATE OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-44-7391	5. SEX	6. AGE (In yrs. I	est birthday) YRS.		AYS		NN.	7. DATE OF BIRTH SEPT. 15	, 194	Cour	HPLACE (State or Foreign try) klahoma
Da. FACILITY NAME (If not institution, give si Washington Coun RESIDENCE OF DECEDENT		tal		1		town	OF DE	ATH		ashu	ngton
100. STATE 10b. COUNTY Maryland Fred	lerick			Y, TOWN OR I							10d. INSIDE CITY LIMITS? 1 YES XX NO
14109 Old Frede						ZIP CODE			uni	ted S	what country? States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	II ye	e, spe	cify Cuben, M	ISPANI lexicen Specify:	IC ORIGIN? (Specify n, Puerto Ricen, etc.	Yes or No—	14. RAC Blac Spec	CE — American Indian, ck, White, etc. City: White
15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5		ECEDENT'S Give kind of fe. Do NOT us	USUAL OCCU work done duri se retired.)	JPATIO ng mo:	N st of working		CONT. MICH.	BUSINESS/IN		& Security
17. FATNER'S NAME (First, Middle, Last) James Paul M	litchell					F.	ran	AE (First, Middle, Me LCIS EU	Leen 1		
190. INFORMANT'S NAME (TyperPrint) Quentin P. Nig	htingale								ky Ri	dge,	MD 21778
 20e. METHOD OF DISPOSITION 1		20b. PLACI	EAND DATE	of disposition of the dispositio	me	tery		19/94 TV	wwwon	t, Mo	aryland
21. SIGNATURE OF FUNERAL SERVICE LIC	Su	vogl		104	to	ust ma	ln	Street	Inwim	ont,	Homes, P.A MD 21788
23. PART I. Enter the disessa, or o shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	Mark	leath. Do i			de of dying,			espiratory as	rest,	Approximete Interval Between Onset and Death SCOLA
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSI	EQUENCE O	n:	40	accel	Oi.	st-			
PART II Other significent condition	a contributing to	dooth hut not		to the same							

WAS AN AUTOPSY PERFORMED? 1 YES 2 ANO

WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 | YES 2 | NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH NO YES 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATN (Check only on

5 Residence 8 Other (Specify)

28c. INJURY AT WORK?

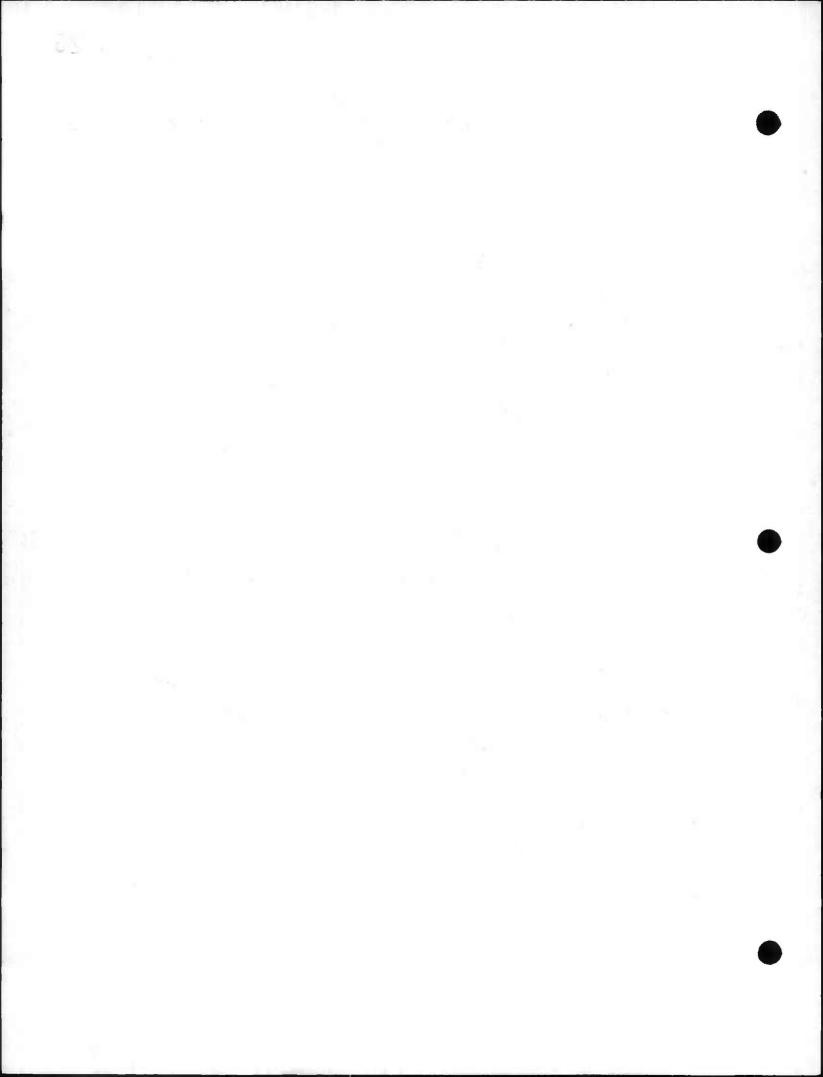
29e. CERTIFIER (Check only one) 1 CERTIPYING PHYSICIAN:

29c. LICENSE NUMBER

29d, DATE SIGNED (Month Day,

282

REGISTRAMS SIGNATURE PARCELL 1994 0 2



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ TO THE FUNERAL DIRECTOR: After this certificate has been is be filed within 72 hours after death with the State Dept. of P IMPORTANT: If Item 28 is marked, or Item 23 show

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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and the second of the second o	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fin	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-00

									94	1 (3721
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					YGIENI EG. NO.	E		
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH	v	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Ć.	PEY	TON			June	10	0 19	194	2230 M
	4. SOCIAL SECURITY NUMBER 217- 32- 5124		yrs. ast birthday)	IF UNDE		IF UNDER 24 HRS.	7. DATE OF E (Month, Day	v. Year)		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give si	. 00	//HS.				Oct.	26,1			sburg, Md.
Œ	Washington Cou					LOCATION OF D	EATH			TY OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT			Н	agerst	COWN			U.	S. A	
RE	10a. STATE 10b. COUNTY				OR LOCATION	N				10	Dd. INSIDE CITY
	Maryland Was	shington	Hag	gers	town						X YES 2 NO
FUNERAL	18010 Par Three	ρd			10f. ZI	21740			0.04		AT COUNTRY?
NE.	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	IIS ADMED	1 12	WAS DECEM	DENT OF HISPAI	NIC OBICINO (C.			S. A	
	1 Never Married 2 X Merried	FORCES? 1 YES	2 X NO	13.	If yes, specif	fy Cuben, Maxica	en, Puerto Ricar		or No-	Bleck, W	American Indian, White, etc.
BY	3 Widowed 4 Divorced	ir 120, dire tan on pa	163		1 TES 2	UK NO Specii	y.			Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done	during most c	of working	18b. KIN	D OF BUS	INESS/INDU	ISTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u								
M	17. FATHER'S NAME (First, Middle, Lest)		Auto	Mecr		8. MOTHER'S NA	Auto				
	William F. P	evton			,		ie V. I		1111111	1	
BE	19a. INFORMANT'S NAME (Type/Print)	7	19b. MAILING	ADDRES	SS (Street and	Number or Rural					
5	Anna Margaret Pe	yton				ee Dr.,					1740
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remo	20b.	PLACE AND DATE	OF DISPO	SITION /Name	of	DATE	20c. LOC	CATION C	ify or Town	State
- 1	4 Donetion 5 Other (Specify)	Mc	buntain	View	v Ceme	tery 6-	-20-94	Sha	rpsbu	urg, l	٩d.
	21. SIGNATURE OF FUNERAL SERVICE ACC	ENSEE		22	. NAME AND	ADDRESS OF FA	CILITY	7606	Old	Natio	onal Pike
	John / Out pt	ohn H. Bast,	Jr.	E	BAST F	UNERAL	HOME,	Boon	sboro	, Md.	. 21713
\neg	23. PART Enter the diseases, or abook, or heart failure	complications that caused List pnly one cause on ea	the death. Do r	ot ente	r the mode	of dying, suc	ch ea cerdiec	Dr respli	ratory erre	st,	Approximate
	IMMEDIATE CAUSE (Final	List Diny Dire Codes Dil 66	on me.			41					Onast and Desth
	disesse or condition resulting in death)	ð	Acide		Cal	rdrac	Ax	rest			
		DUE TO (OR AS A	CONSEQUÊNCE O	F): -	_			1			
RTIFICATION	Sequentisity list conditions,	DUE TO (OR AS A	CONSEQUENCE	ule		M. I.		-			3 1245
E	if any, leading to immediate cause. Enter UNDERLYING	000 10 (011 110 11 1	Δ -	-11	2						
FE	CAUSE (Disesse Dr Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE O	P):	N						yri
	resulting in death) LAST	d									V
L CE	PART II. Other significant condition	s contributing to death bu	t not resulting	in the u	nderivina c	euse given in	Part i 24a	. WAS AN	AUTOPSV	245 W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	CAAD	014	CUA		,,	3		PERFOR	MED?	AM	MILABLE PRIOR TO OMPLETION OF CAUSE
Ē	177-	019					- 1	YES 2	NO		DEATH?
2							-				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLAC	E OF DEATH (Ch	neck only one)				
rsic	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	tlent 3 🗆 DOA	OTHER: 4 Nursing Homa 5 Residence 6 Other (Specify)							
PH	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF	28c. INJURY WORK	Y AT	28d. DEŞCRIE	BE HOW IN	JURY OCC	JRED	
ВУ	t Natural 5 Pending Investigation			М	1 TYES	2 NO					
B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At homa, farm, i y)	ntreet, fac	ctory, office		28f. LOCATIO	N (Street a wn, State)	nd Number o	or Aural Rout	e Number,
E	AGA PERVICIEN										
COMPLET		CIAN: To the best of my knowle									
00		R: On the beels of examination	and/or investigation	en, le my	opinion, deati	h occured at the	time, date and	pleca, enc	d due to the	cause(e) ar	id manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	5/ n.an 111	40		25	9c. LICENSE NUI	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (See	Orint		20110	4		0.	-19-9	7

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CLUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JUN 2 0 1994

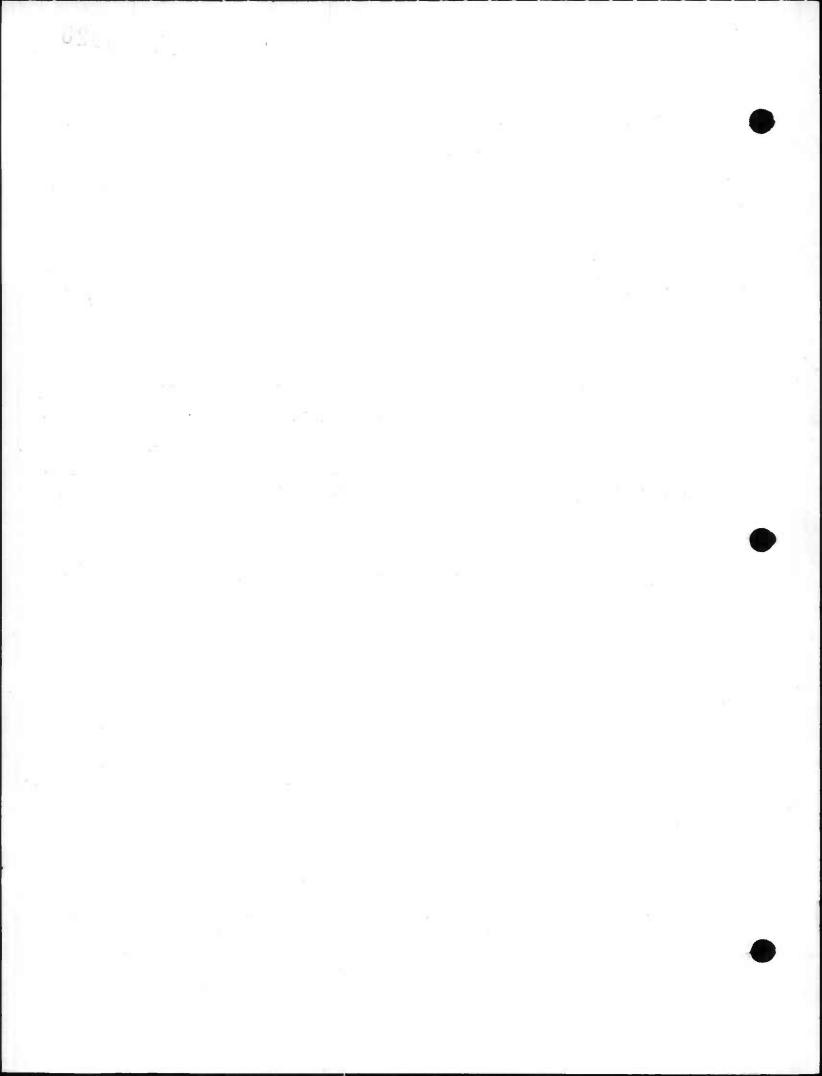
32. HEGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	(68760 BALTIMORE, MARYLAND 2121	O. BOX 68760 BALTIMORE, MARYLAND 2121	ADS, P.O. BOX 68760 BALTIMORE, MARYLAND 2121	RECORDS, P.O. BOX 68760	JITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLAND 2121	IN OF VITAL RECORDS, P.O. BOX 68760	DIVISION OF VITAL RECORDS, P.O. BOX 68760
hours after death. Page 6 may be retained by the bosonial or after	executed with hours after death. Page 6 may be retained by the hospital or after	O. BOX 88/80 BALIMORE, MARILAND 2121. Scripting be executed with mours after death. Page 6 may be retained by the hospital or after	TDS, F.O. BOA 60100. BALLIMOHE, MARYLAND 2121. If the death certificate be executed with pours after death. Page 6 may be retained by the hosnital or after	records, F.O. BOX 80100. BALIMONE, MARYLAND 2121. requires that the death certificate be executed with pours after death. Page 6 may be retained by the bosonical or after	IN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hosting or after	NG PHYSICIAN: The law requires that the death certificate be executed with mounts after death. Page 6 may be retained by the bosonial or after	TATISTICE OF VITAL RECORDS, F.C. BOX 66/00. BATTENDING PHYSICIAN: The law requires that the death eletificate be executed with mours after death. Page 6 may be retained by the hosnital or after
BALTIMORE, MARYLAND 21 hours after death. Page 6 may be retained by the hospital or	(68760 BALTIMORE, MARYLAND 21 executed with hours after death. Page 6 may be retained by the hospital or	O. BOX 68760 BALTIMORE, MARYLAND 21 certificate be executed with nours after death. Page 6 may be retained by the hospital or	4DS, P.O. BOX 68760 BALTIMORE, MARYLAND 21 the death certificate be executed with hours after death. Page 6 may be retained by the hospital or	RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21 requires that the death certificate be executed with pours after death. Page 6 may be retained by the hospital or	ITAL RECORDS, P.O. BOX 68760 Nours after death. Page 6 may be retained by the hospital or	IN OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21 NG PHYSICIAN: The law requires that the death certificate be executed with	OULS
BALTIMORE, MARYLA	(68760 BALTIMORE, MARYL) executed with hours after death. Page 6 may be retained by the	O. BOX 68760 BALTIMORE, MARYL, betrificate be executed with hours after death. Page 6 may be retained by the	ADS, P.O. BOX 68760 BALTIMORE, MARYL, the death certificate be executed with hours after death. Page 6 may be retained by the	RECORDS, P.O. BOX 68760 BALTIMORE, MARYL, requires that the death certificate be executed with hours after death. Page 6 may be retained by the	ITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYL. NI: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the	IN OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYL, NG PHYSICIAN: The law requires that the death certificate be executed with	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the
BALTIMORE, nours after death. Page 6 may be	(68760 BALTIMORE, executed with hours after death. Page 6 may be	O. BOX 68760 BALTIMORE, netrificate be executed with hours after death. Page 6 may be	ADS, P.O. BOX 68760 BALTIMORE, tritle death certificate be executed with hours after death. Page 6 may be	RECORDS, P.O. BOX 68760 BALTIMORE, requires that the death certificate be executed with hours after death. Page 6 may be	JITAL RECORDS, P.O. BOX 68760 BALTIMORE, AN: The law requires that the death certificate be executed with	NO OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, NG PHYSICIAN: The law requires that the death certificate be executed with	NIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be
BALTI hours after death. Pa	K 68760 BALTIII	O. BOX 68760 BALTII	4DS, P.O. BOX 68760 BALTII	RECORDS, P.O. BOX 68760, BALTII requires that the death certificate be executed with hours after death. P.	/ITAL RECORDS, P.O. BOX 68760 No. The law requires that the death certificate be executed with hours after death. P.	NO OF VITAL RECORDS, P.O. BOX 68760 BALTII NG PHYSICIAN: The law requires that the death certificate be executed with	IVISION OF VITAL RECORDS, P.O. BOX 68760, BALTII OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. P.
nours	K 68760.	O. BOX 68760 hours a	ADS, P.O. BOX 68760 t the death certificate be executed with	RECORDS, P.O. BOX 68760 requires that the death certificate be executed with hours and the death certificate be executed with the death certificate be executed with the death certificate be executed with the death certificate be executed with the death certificate be executed with the death certificate be executed with the death certificate because the death certi	/ITAL RECORDS, P.O. BOX 68760. AN: The law requires that the death certificate be executed with hours is	NO OF VITAL RECORDS, P.O. BOX 68760 NG PHYSICIAN: The law requires that the death certificate be executed with	IVISION OF VITAL RECORDS, P.O. BOX 68760 ANTENDING PHYSICIAN: The law requires that the death certificate be executed with hours in
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	1 - FOR STATE OF MAR	YLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last) Pauline Madeline Potere			June 18, 199	94 YEAR 7:45 P. M			
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. A		IF UNDER 1 YEAR	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign			
	180-10-6974 B 1 M 2 😾 F	97 YRS.	MONTHS DAYS HOURS MIN.	June 8, 1897				
H.	221 Alexander Street		96. CITY, TOWN OR LOCATION OF C Hagerstown		COUNTY OF DEATH Washington			
CT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	Las area						
DIRECTOR	Maryland Washington		town or Location Hagers town		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
3AL	10e. STREET AND NUMBER		101. ZIP CODE	109	CITIZEN OF WNAT COUNTRY?			
FUNERAL	221 Alexander Street 11. MARITAL STATUS 12. WAS DECEDENT EV.	FR IN U.S. ARMED	21740	NIC OBIGIN2 (Specific Ven on N	USA			
BY FL	1 Never Married 2 Married FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO	If yea, specify Cuban, Maxic 1 YES 2 X NO Specify Cuban, Maxic	en, Puarto Rican, atc.)	Black, White, atc.			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S U	SHAL OCCUPATION	16b, KIND OF BUSINES	White			
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	ork done during most of working retired.)	166. KMD OF BUSINES:	S/INDUSTRY			
MPI	6 17. FATHER'S NAME (First, Middle, Last)	homen		home				
E CC	Jacob Eller		18. MOTHER'S N. Bess	AME (First, Middle, Maiden Surna Sie	aplin			
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ADDRESS (Street and Number or Rural		L .			
ř	Catherine Huffer		Lexander Street		, Maryland 21740			
	20s. METHOD OF DISPOSITION 1 M Burist 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF Cometery, prematory or oth WO I TOSVI	r disposition (Name of Le Cemetery		N — City or Town, Stata Sville, Maryland			
	2. SCHATURE OF FUNERAL SERVICE LICENSEE	. ()	22. NAME AND ADDRESS OF FA		Potomac Street			
	Farld 8). Minn	- K	Funeral Home		town, Maryland			
	23. PART I. Enter the diseases, or complications that caushock, or haart fallure. List only one cause of	used tha death. Do no on each line.	t entar tha mode of dying, suc	ch as cardiac or respirator	y arrest, Approximata interval Batween			
	IMMEDIATE CAUSE (Final disease or condition	ve Heart Fa	011		Onset and Daeth			
		AS A CONSEQUENCE OF)			one week			
NO	Sequentially list conditions,	sclerotic C	ardio Vascular	Disease	many years			
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated avents resulting in death) LAST	AS A CONSEQUENCE OF):						
	d							
CAL	PART ii. Other significant conditions contributing to deat	th but not resulting in	the undarlying cause given in	PERFORMED?	AVAILABLE PRIOR TO			
MEDIC				t _ YES 2 X] N	O DF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 1 tnpatient 2 ER/		26. PLACE OF DEATH (CO					
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJU	RY 28b. TIME	OF 28c, INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE NOW INJURY	/ OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation		M 1 TYES 2 NO					
윤	3 Uslicida 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLET	29a. CERTIFIER (Check only Check only Inc.)	nowledge, death occurred	at the time, data and place, and du	to the cause(s) and manner a	s stated.			
NO	one) 2 MEDICAL EXAMINER: On the basis of axamin	ation and/or investigation.	, in my opinion, death occured at the	time, date and place, and due	to the cause(s) and manner as stated,			
BE (29b. SIGNATURE NO TITLE OF CERTIFIER	11	29c. LICENSE NU	MBER 29d.	DATE SIGNED (Month, Day, Year)			
٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Do 1062		June 20, 1994			
	Edward W. Ditto, III, M.D. 217 W	V. Washington	Street Hagers	town, Md. 21740				
	31. DATE FILED (Month, Dey, Year) JUN 2 0 1994	GANTHER						
	JUN X U 1334 U							



-	-	April .	3	200	
10	Z	al-trium amount)	The say a month	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending phy	d in by the funeral director, page 5 should be detached for use as the build	of removal.	medical examiner must be notified at once.	Property of the second
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as tige burial-in-	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onese	

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME CERTIFICA	NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Mich	GARET	PRIC	ی دی	2. DATE OF DEATH DAY	94 12 15 PM				
4. 90CIAL SECURITY NUMBER 524-38-8292 96. FACILITY NAME (If not institute	1 M 2 A F 7	6 YRS. MONTH	TY, TOWN OR LOCATION OF DE		a. BIRTHPLACE (SME or Foreign Country) Colorado OUNTY OF DEATH				
RESIDENCE OF DECED	nty General Hosp ENT COUNTY		Westminste	r	Carrol1				
	Carroll		Westminster		10d. INSIDE CITY LIMITS?				
205 St. Ma	ark Way, Apt. 11	17	101. ZIP CODE 211		U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 (X)NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify	n, Puerto Ricen, etc.)					
15. DECEDEI (Specify only high Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle,	NT'S EDUCATION heat grade completed) College (1-4 or 5+)	life. Do NOT use retire	ne during most of working ed.)	18b. KIND OF BUSINESS/	INDUSTRY				
17. FATHER'S NAME (First, Middle,		5+ teacher pub							
Robert Bla	nchard Rockwell			ence McKee					
190. INFORMANT'S NAME (Type/F Ralph B. Pric	*	The second second	Mark Way An		zip Code) inster, MD 21158				
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	20	Db. PLACE AND DATE OF DISI	POSITION (Name of	OATE 20c. LOCATION					
4 Donation 5 Other (Spenish 21. Signature Function SE	cffy)	Larroll Cret	Nation, Inc. 22. NAME AND ADDRESS OF FA	D.D. Hartzlor, MD	tead, MD Ler & Sons				
shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	ses, or complications that ceus failure. List only one cause on s	such line.	BROSIS		Approximate Interval Batwee Onset and Dast				
	CAUSE (Disesse or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 HID 27. MANNER OF DEATH	onditions contributing to dasth				SY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL MOSPITAL:	OTH	26. PLACE OF DEATH (Ch	eck only one)					
Manager o Legio	1 2 Inpetiant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpetlent 3 DOA 4 D	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW INJURY	OCCURED				
	28. PLACE OF IN HIS	RY — At home, term, atreet, ecily)	fectory, office	28t. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,				
	NG PHYSICIAN: To the best of my kno								
29b. SIGNATURE AND TITLE OF	Carnell	19	29c. LICENSE NUM	26 () 29d. C	DATE SIGNED (Month, Day, Year)				
31. DATE FILED (Month, Day, Year)	ASON WHO COMPLETED CAUSE OF D	a 217.	WASHIN	CLON AD	- MECLINIASSA.				
JUN 18	1994 REGISTRARIS SIG	rhadely							

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC				YGIENE EG. NO. Ju	ne 13,	1994
	1. OECEOENT'S HAME (First, Middle, La.	W.	PHILL!	PS		2. DATE OF D MONTH	-13-	1990	TIME OF OEATH
	4. SOCIAL SECURITY HUMBER 220-38-9701 98. FACILITY HAME (If not institution, gh	1 XM 2 - F	95 YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF B (Month, Day Dec 9	1899	Country)	ACE (State or Foreign Tland
TOR	Charlotte Hall \		-1		otte Hall			Mary t	
DIRECTOR	Maryland St.	Mary's		rlotte				100	d. IHSIDE CITY LIMITS? VES 2 XNO
FUNERAL	100. STREET AND HUMBER Route 5 Charlot	tte Hall Vete	rans Home	10	1. ZIP CODE 20622			SA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES GIVE WAR OR WW 1	ES 2 HO If yes, specify, Cuban,			HISPANIC ORIGIN? (Specify Yee or Ho— Hexican, Puerto Rican, etc.)			American Indien, thite, etc.
LETED	15. OECEDEHT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during m retired.)	ost of working	100000	D OF BUSINESS/IH		
COMPLET	10 17. FATHER'S HAME (First, Middle, Last)		Master E	lectric	_		Navy/E1	ectric	:al
E C	Alfred W. Phill				A STATE OF THE STA	tie Pa			
10 8	19e. IHFORMANT'B HAME (Type/Print)				and Number or Rural				
	Sylvia A. Spend		118 Ta		Lane Edg	ewater	, Maryla		
	20e. METHOD OF DISPOSITIOH 1 Burlei 2 M. Cremetton 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE		of cemetary, crematory or Ft. Lincol	n Crema 22. NAME A	atory 6/	16/94 ситу Joh	Brentwo n M. Tay	od, Ma	aryland ineral Ho
ry, or other traumatic event, the medical	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	S A CONSEQUENCE OF): S A CONSEQUENCE OF):						Oneet and Dec
MEDICAL	PART II. Other significant condi	stic Co-cinor		the underlying	ng cause given in		PERFORMED? YES 2 -NO	Al Cr	ERE AUTOPSY FINDING ANLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		28. F	PLACE OF DEATH (CA	neck only one)			
14SI	1 TYES 2 THO 27. MAHNER OF CEATH	1 Inpatient 2 ER/O	utpatient 3 DOA 4	Nursing Ho	me 5 - Residence	_	BE HOW INJURY O	CHIDED	
BY PI	1 Hetural 5 Pending 2 Accident Investigati	(Month, Day, Year	r) IHJUI	RY W	YES 2 HO	200. 52401.		3001123	
	3 Suicide 6 Could not delermine	be 28e. PLACE OF INJU	IRY — Al home, farm, str (pecify)	reet, lactory, off	ice	28f. LOCATIO City or To	ON (Street and Numb own, State)	er or Rural Rou	te Number,
COMPLETED	enel	HYSICIAH: To the best of my known							ind manner ae stated
BE	29b, SIGNATURE AHD TITLE OF CERT	JFIER '		29c. LICEHSE 5389			and the second s		fonth, Day, Year)
2		10 13	TO MOSPICAL OF			e feel	KBILK N		0678
	31. DATE FILED (Month, Day, Year) JUN 16 199	32 REGISTRAR'S SH	GHATURE LAC ROYCLAS						

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mediate AEPLOCK

1	-	FOR STATE REGISTRAR

STATE OF MADYLAND / DEPARTMENT OF HEALTH AND MENTAL DVOICEM

WILLIAM WINDSO	R PURDU	M				2. DATE OF D MONTH 06-14-	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-01-9824	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	RTH	8. BIRTI Count Mar	HPLACE (State or Foreign try) Yland
9a. FACILITY NAME (If not institution, give atm Alden Eldercare			96. CITY, TOWN COlumb	OR LOCATION OF E	DEATH		COUNTY OF C	County	
RESIDENCE OF DECEDENT 100. STATE Maryland Howar	77	10c. CITY, TOWN OR LOCATION Columbia						10d. INSIDE CITY LIMITS?	
Maryland Howar 100. STREET AND NUMBER 6695 Hawkeye Run	y	10f. ZIP CODE 2104						1 YES 2 NO	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	NT EVER IN U.S. ARI 1 YES 2 IN WAR OR DATES	IN U.S. ARMED 13. WAS DECENDENT OF HISPA						14. RACE — American Indian, Black, Whita, etc. Specify:	
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12) UNKNOW	(Gir ire.	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Personnel Director			166. KIND OF BUSINESS/IND			white output	
17. FATHER'S NAME (First, Middle, Last) Charles Reisin	er Purchm	4.64			ALCOHOL: NAME OF TAXABLE PARTY.	AME (First, Middle ennie Ho		ne)	
19a. INFORMANT'S NAME (Type/Print) Ms. June Doering	a account			ADDRESS (Street of	and Number or Rural	Route Number, Ci	ty or Town, State		146
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Removed 4 Donation 5 Other (Specify)	val from State		ND DATE	OF DISPOSITION (No		рате 6-17-	20c. LOCATION	N — City or To	
Municipal	17 000	3.6							
22. PART Enter the disease, or conshock, or heart failure. E IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ce	at ceused the decuse on each line.		not enter the mo		ch ea cerdiac	or reepiratory	21043 v erreet,	Onset end De
shock, or haert failure. K IMMEDIATE CAUSE (Fine) disease or condition	DUE TO	at coused the de-	OUENCE O	F):	ode of dylng, au	ch ea cerdiac	or reepiratory	21043 v erreet,	Onset end D
shock, or heart failure. E IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	o (OR AS A CONSECUTION OF OR AS A CONSECUTION	ouence of ouence	F):	and of dying, au	on Part I. 24a.	or reepiratory	r erreet,	Interval Betw Onset end D. MUNICAL D. WERE AUTOPSY FINDS AMALABLE PRIOR TO
immediate Cause (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other eignificent conditions Recause 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO CONTRIBUTING to	o (OR AS A CONSECTION OF OR AS A CONSECTION	DUENCE O	F): In the underlyin 28. Pi	g cause given in	n Part I. 24a.	WAS AN AUTOP PERFORMED? YES 2 NO	r erreet,	Interval Betw Onset end Dr MUNICULAR D. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
immediate Cause (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other eignificent conditions Recause 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO DUE TO Contributing to	o (OR AS A CONSECTION OF CONSE	DUENCE O	THER: A Nursing Hon BE OF 28c. IN. WM 1 □	g cause given in	n Part I. 24a.	WAS AN AUTOP PERFORMED? YES 2 NO	PSY 244	Interval Betwonset and De Completion of Caus of Death?
IMMEDIATE CAUSE (Fine) disease for condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditione Recease 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO DUE TO DUE TO Contributing to Co	o (OR AS A CONSECTION OF CONSE	DUENCE O	THER: A Nursing Hon BE OF 28c. IN. WM 1 □	g cause given in	n Part I. 24a. 1 1 24b. beck only one) 8 Other (Spe	WAS AN AUTON PERFORMED? YES 2 NO	PSY 244	D. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Fine) disease for condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other eignificent conditions ### CAUSE ##	DUE TO DUE TO DUE TO DUE TO Contributing to Contribu	of Corner of the device on each line. O (OR AS A CONSECTION OF CONSECTI	DUENCE O	in the underlyin 2	g cause given in	heck only one) 8 Other (Spe 28d, DESCRIB 28f, LOCATION City or Tow	WAS AN AUTOR PERFORMED? YES 2 NO City) E HOW INJURY I (Street and Num, State) and menner as	OCCURED The or Flural Stated, To the cause The Cause The caus	D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicident 6 Could not be determined 29a. CERTIFIER (Check only One) 1 DERTIFYING PHYSIC (Check only One) 2 MEDICAL EXAMINER	DUE TO DUE TO DUE TO DUE TO Contributing to contributing to contributing to donorth, 28a. DATE O (Month, 28a. DATE O stributing to 1 Dorse	of Corner of Cor	DUENCE O	In the underlyin 28. Pi THER: A Mursing Hon IE OF 28c. IN. JURY M 1 1 street, factory, office and at the time, date on, in my opinion, so	g cause given in LACE OF DEATH (Come 6 Residence JURY AT DRK? YES 2 NO	heck only one) 8 Other (Spe 28d, DESCRIB 28f, LOCATION City or Tow	WAS AN AUTOR PERFORMED? YES 2 NO City) E HOW INJURY I (Street and Num, State) and menner as	OCCURED The or Flural Stated, To the cause The Cause The caus	D. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

60, BALTIMORE, MARYLAND 21215-0020	withit ours after death. Page 6 may be retained by the hospital or attending physician.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-fransit cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CE	RIFICA	ALE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) LENA	MAE PUFFINBURGER				2. DATE OF DEATH MONTH DAY YEAR					
	4. SOCIAL SECURITY NUMBER						06 07)4	21:25 PM	
	232-60-8335	5. SEX 1 ☐ M 2 🙀 F	6. AGE (In yrs. lest bi	"	TH8 DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 15,	1905	Country Wes	t Virginia	
	9a. FACILITY NAME (If not Institution, give a	treet and number)		9b.	9b. CITY, TOWN OR LOCATION OF DEATH				NTY OF DEATH		
CTOR	MEMORIAL HOSPITAL		L CENTER	С	CUMBERLAND, MD			ALLEGANY			
DIRECTOR	WV Hamp	shire	2		rown on Location reenspring		-			10d, INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER HC 86 Box	19			.1	26 <u>72</u> 2		10g. CITIZEN OF WH U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	CEDENT EVER IN U.S. ARMED 7 1 YES 2 NO CHYE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			e or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
8	15. DECEDENT'S EDU	CATION	16a. DECE	DENT'S USU	AL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDI	USTRY		
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	Own	kind of work NOT use ret LET an	d Ope	ost of working rator	Grocery	7 Sto	ce	11	
E CON	17. FATHER'S NAME (First, Middle, Lest) AZriah G.	Park				18. MOTHER'S NA LUCINO	ME (First, Middle, Melden a Elizabe	Surpeme) V	Vilki	ins	
TO BE	190. INFORMANT'S NAME (Type/Print) Orville E. Pu	ffinburge	r 196, a	C 86,	RESS (Street BOX	and Number or Rural I	Poute Number, City or Tow	n State, Zip	26722	2	
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetlon 3 Rem. 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND	DDATE OF DI	SPOSITION (A		DATE 20c. LO	cation — c	Offy or Tow	n, State	
	21. SIGNATURE OF FUNERAL SERVICE CO.	exsex 1/	певдеу	onape					VVV		
	Shaffer Funeral Home, Inc. 230 East Main Street, Romney, WV 26							WV 26757			
	23. PART I. Enter the diseases, or caheck, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus DUE TO (e Dn aach lina.					ratory arre	est,	Approximate Interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	a contributing to d	leath but not ras	ulting in th	e underlyii	ng cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
EDICAL							PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							1 _ YE\$ 2	KNO		OF DEATH?	
Σ	DID TOBACCO USE C	ONTRIBUTE	TO CAUSE	OF D	EATH Y	YES NO	15%			TES 2 NO	
X.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. I	PLACE OF DEATH (Ch	eck only one)				
SK	1 VES 2 NO	HOSPITAL:	ER/Outpetient 3		HER: Nursing Ho	me 5 - Residence	8 ☐ Other (Specify)				
Y PHYSICIAN	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	NJURY // Year)	18b. TIME OF	b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED			URED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined Carry in Town Carry in Carr							oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 29a CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated.										
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dep										
2	30, NAME AND ADDRESS OF PERSON WH	/		7) (Type, Prin	7)	D 14865		<u> </u>	0.0	/	
	DR. ROBUSTIANO		MEMORIA	L MEI	ICAL	BLDG., CU	MBERLAND,	MD	215	502	
	JUN 1 0 199	4 / 100 00	S SIGNATURE AND	all							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after beath. Page 6 may be retained by the hospital or attending physician	after death. Page 6 may be retained by the hospital or attending physicial
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, page 5 shound be detained for use as the burbar to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burbar, cremation, or removal.	 the funeral director, page 5 should be detached for use as the funtational.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	AIE OF L	DEATH	REG. NO.						
	t. DECEDENT'S NAME (First, Middle, Last) MARGARET E, RIL	EY			2. DATE OF DEATH DA	94	3. TIME OF DEATH 7.'/O PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y 2 1) 4 74		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 08/09/19	S. BIF Co.	THPLACE (State or Foreign intry) CCESTER CO.					
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) LARKIN CHASE	96	96. CITY, TOWN OR LOCATION OF DEATH BOWLE			PRINCE GEORGES					
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI										
	MARYLAND PRINCE GEORGE 100. STREET AND NUMBER		CIP CODE	too, CITIZEN O	LIMITS? 1 Ves 2 No og. CITIZEN OF WHAT COUNTRY?						
FUNERAL	12215 MALTA LANE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	e ABMEN	20 7/5 13. WAS DECEMBENT OF HISPANIC ORIGIN			U.S.A.					
BY	t Never Married 2 Married FORCES? 1 YES 2 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATE	3 Juo	It yes, speci		Puarto Rican, etc.)	Bi	ACE — American Indian, ack, White, atc.				
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	a. DECEDENT'S USI	done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-t2) College (1-4 or 5+)	HAME I	nired.) MAVEC)	ome						
NO.	17. FATHER'S NAME (First, Middle, Last)	HUMEN	I	8. MOTHER'S NAM							
BE C	E. Gilbert Mitchell			m. Ta		lev					
2	tom. INFORMANT'S NAME (Type/Print) William M. Riley				ute Number, City or Town		0715				
	10 METHOD OF DISPOSITION 20b. PL	ACE AND DATE OF D	ISPOSITION (Name	e of	, Bowie,	ATION - City or					
	Column Column	rdIetre	e Ceme	tery	6/94 G	irdlet	ree, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	mi		S Fune		, Snow	Hill, Md.				
	23. PART I. Enter the diseases, or complications that caused the	a death. Do not	enter the mode	of dying, such	ea cerdiec or respin	ratory arrest,	Approximate				
	shock, or haart fallure. List only one cause on each IMMEDIATE CAUSE (Final	ilina.					Onset and Death				
	disease or condition resulting in death) a. Due to low as a consequence of:										
_		INSECUENCE OF):	tig				10-105				
TIO	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):										
	csuse. Entar UNDERLYING CAUSE (Disesse or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
C	PART II. Other significant conditions contributing to death but	not resulting in t	ha underlying	cause given in F	art I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS				
EDICAL					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
MEC							t TYES 2 NO				
AN	25 MMS CASE DESERBED TO MEDICAL		1111								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Warrange Home 5 Realdence 6 Dither (Specify)										
≥	1 Unpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
<u>a</u>	t Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Acoldent Investigation										
BY PI	t Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		M 1 TYE	S 2 NO							
BY	t Natural 5 Pending (Month, Day, Year)		M 1 TYE	S 2 NO	28t. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,				
BY	t Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 6 Could not be building, atc. (Specify)	Al home, tarm, stree	M 1 YE	S 2 NO	City or Town, Stete) the cause(a) and man	ner as stated.					
BE COMPLETED BY	t Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the best of my knowledge of the could not be determined.	Al home, tarm, stree	M 1 _ YE et, factory, office at the time, data as in my opinion, dea	S 2 NO	City or Town, State) the cause(a) and man me, data and place, and	ner as stated.					
E COMPLETED BY	t Netural 5 Pending (Month, Day, Year) 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination as	Al home, tarm, street ge, death occurred a nd/or investigation, i	M 1 — YE et, factory, office In the time, deta as in my opinion, dea	S 2 NO	City or Town, State) the cause(a) and man me, data and place, and	ner as stated.	e(s) end manner as stated.				
BE COMPLETED BY	t Netural 5 Pending (Month, Day, Year) 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basia of examination at 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3. REGISTRAR'S SIG	Al home, tarm, street ge, death occurred a and/or investigation, it is in the street graph of the street g	M 1 — YE et, factory, office In the time, deta as in my opinion, dea	S 2 NO	City or Town, State) the cause(a) and man me, data and place, and	ner as stated.	e(s) end manner as stated.				

		1 - STATE REGISTRAR	STATE OF MARYLAND / [CE	DEPARTMENT OF I	HEALTH AND	MENTAL HYG			
		1. DECEDENT'S NAME (First, Middle, Last) LORA 4. SOCIAL SECURITY NUMBER	D. Robin	us			24 9	4 23	SIS P
should		0.00	5. SEX 6. AGE (In yrs. last to the stand number)	YRS. MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTY (Morith, Day, Yo 10-20	-1899	BIRTNPLACE Country)	(State or Foreign
15	DIRECTOR	Harrison House PRESIDENCE OF DECEMENT	OF SNOW H;	11 SNOW	H:11		Wor		TER
Z		10e. STATE 10b. COUNTY WORD		SNOW A	TION A LL H. ZIP CODE		140.00000	יאי	HSIDE CITY IMITS? /ES 2 NO
physician. burial-transit	FUNERAL	110 ROSS S	2. WAS DECEDENT EVER IN U.S. ARMI	ED 13. WAS DEC	2/86 CENDENT OF NISPAN	3 NIC ORIGIN7 (Specif		I SA	
attending physics as the buri	BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	It yes, sp	S 2 NO Specify	n, Puerto Rican, etc	á)	Black, White, Specify:	31K
spital or ed for u	COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted) (Give	EDENT'S USUAL OCCUPATION IN INC.	ON ost of worlding	16b. KIND OI	F BUSINESS/INDUS	SVC+	
at on at	BE COM	17. FATHER'S NAME (First, Middle, Last)	Rummond	DACKE	18. MOTHER'S NA	ME (First, Middle, Mid	siden Surname)	7516	<u> </u>
ay be retained the page 5 should the notified	TO E	Delores I	ones 1	MAILING ADDRESS (Street	CROFT	Rd	Gibbs	boro,	NJ.
me 6 m		20. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Removi 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	caretary, crema	DDATE OF DISPOSITION (N. atory or other place)	m, Cem,	6/1/95	ELOCATION - CH	. 1/	nd
0 0			whaton	AC	COMAC.	VA. S	1330		
filled in or he me		iMMEDIATE CAUSE (Final	Thications that caused the deat at only one cause on each line. ALHEWIA DUE TO (OR AS A CONSEQU			h as cerdiac or r	espiratory arrea	i	Approximata Interval Between Chaet and Death The Transport
executed n and con to burial, imatic ev	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOU			,			2 whs
th certificat ending phy I Hygiene p or other	ERTIFIC/	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	ENCE OF):					
t the dead of Ments	MEDICAL C	PART II. Other aignificant conditions of	contributing to death but not res		g cause given in	PE	S AN AUTOPSY RFORMED?	AWAILAE COMPLI DF OEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITH? ES 2 \(\backsquare \) NO
De has	AN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Che	eck only one)			ES Z NO
SICIAN: The certificate h the State d, or Item	PHYSICI	. State An	OSPITAL: Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY		ne 5 Residence		OW INJURY OCCUP	BEO	
DING PHYS After this death with	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1	YES 2 NO				
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	MPLETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At home building, etc. (Specify)			City or Town, S			nber,
425	COMPL	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge, death						inner ae stated.
TO THE HOSPID TO THE FUNERA De filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	La Man My	2 Chan Brief	MO - D	-5863		VE 3	Day, Year)
		31. DATE FILED (Month, Day, Year)		errypo, rus)					
•	6	JUN 1 0 1994	32. REGISTRAR'S SIGNATURE	Add As					

Pôga I.

JUN 2 1 1994

31. DATE FILED (Month, Day,

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tolis Sandan Kandall

Pr

DIVISION OF VITAL RECORDS, P.O. BOX 68760

											94	r I	0333
		1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MENTAL HYGIEN	_		
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		1	. TIME OF DEATH
		Catherine	М.			RAND	ALL			JUNE 1	17th 19	YEAR 194	1000 am M
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	est birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTN		8. BIRTHPL	ACE (State or Foreign
_		214-09-4332	1 🗌 M 2 🛣 F	84	YRS.	MONTHS	DAYS	HOURA	MIN.	Dec. 23, 19	ana l	M n r	vland
	L	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE			TY OF DEA	
1	띩	Washington County Hospital Hagerstown Washington											ton
7	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY											
						Y, TOWN						1	Od. INSIDE CITY LIMITS?
			ington			ager							YES 2 NO
- 8	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTY 103. CITIZEN OF WHAT COUNTY 104. ZIP CODE 1103. CITIZEN OF WHAT COUNTY 1104. ZIP CODE 1105. CITIZEN OF WHAT COUNTY 1105. ZIP CODE											
trads	NE	11. MARITAL STATUS						740		L	USA		
ing physician, the burial-tradisit	В	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	2 NO If yes, specify Cuben, Maxis			n, Mexica					
the hospital or attending detached for use as the once.	8	15. DECEDENT'S EDU		18e. D	ECEDENT'S	USUAL O	CCUPATIO	DN .		16b. KIND OF BU	SINESS/INDL		
or us	PLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+		Give kind of fe. Do NOT u	work done se retired.)	during mos	st of workin	9				
Spita thed				-	home	make	r			her o	own ho	me	
detach		17. FATNER'S NAME (First, Middle, Last)						18. MOTH	NER'S NA	ME (First, Middle, Maiden	Surname)		
at be x	w	Harry C. Randall					I	cia	D. Baker				
s retained by 5 should be notified at	TO B	19a. INFORMANT'S NAME (Type/Print)		1						Route Number, City or Tow			
	-	William Randall			40 R	idge	Lan	e, L	evit	town, Pa.	19055	ł	
after death. Page 6 may be by the funeral director, page smoval.		20s. METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remote A Donetion 5 Other (Specify)	oval from State	20b. PLACE certifery, ci Res	e and date remetory or o	of dispos	emet	me of ery	6-	_1	cation — c		Maryland
. Pag		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	~	-					CILITY AL HOME	,	,	
fune fune fune		1 Scart	m	inn	11	e I							Md. 21740
after by the moval		23. PART I. Enter the diseases, or o	complications that	caused the d	leath Do								
n in	- 14	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final											
filled tion, or the m		IMMEDIATE CAUSE (Final disease or condition	Q.	1	h	/	`		-				Unset and Daeth
ompletely fille di, cremation, event, the		resulting in death)	a. DUE TO	OR AS A CONSI	EQUENCE O		<u> </u>	A	aul	me			
comprised v	_	_	4	0	- COCHOL O		ali.	-N		20			days
ertificate be executed ng physician and com glene prior to burial, other traumatic events.	ERTIFICATION	Sequantially list conditions, if any, leading to immediate	DOE TO	OR AS A CONSE	EQUENCE O	F):	weco.	-cc		×	<u> </u>		
siclan	AT	cause. Entar UNDERLYING	183	0 0111	1.00	2	0						11110
certificate be ding physician tygiene prior r other trau	Ħ	CAUSE (Disease or injury that initiated aventa	DUE TO	OR AS A CONSI	EOUENCE O	F):		52			E		any
th cer endin Hyg	IR	reaulting in death) LAST	a Sl	cedin	<u>_</u>	al	9	ast	200	our s	ute		
the death certificate be executed with the attending physician and completely filled Mental Hygiene prior to burial, cremation, injury, or other traumatic event, the	O	PART II Other elgoliteent enndities	a agestalbustina ta	death had and	1	1. 41.)					
7 20 1	EDICAL	PART II. Other algoliticant condition	a contributing to	daatii Dut not	raaumng	in the ur	ideriying	cause g	jiven in	Part I. PERFOR	AUTOPSY	A	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO
requires that een signed by of Health an shows any	ä									1 YES 2	NO		OMPLETION OF CAUSE F DEATN?
requires seen sign of Heal	Σ					_				_ '		1	YES 2 NO
he law requires that has been signed to Dept, of Health an T 23 shows any	AN	25. WAS CASE REFERRED TO MEDICAL											
N: The ficate the State the state	SICIAN	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATN (Ch	eck only one)			
SICIAN: The certificate to the State	ΙXS	1 YES 2 NO 27. MANNER OF DEATN		ER/Outpatient					sidence	6 Other (Specify)			
NG PHYS fter this c eath with marked,	РНҮ	1 Netural 5 Pending	28a. DATE OF (Month, Da		28b. Til	JURY	28c, INJU	RK?	7	28d. DESCRIBE NOW I	NJURY OCCI	JRED	
After After death	B	2 Accident Investigation	200 81 405 05	F IN HIPPY AA A				'ES 2 _	NO				
DR: /	8	3 Suicide 8 Could not be	building,	F INJURY — At h etc. (Specify)	iome, rarm,	atreet, fact	iory, office	1		281. LOCATION (Street City or Town, State)	and Number (or Rurel Rou	rte Number,
L DR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. Item 28 is marked, or Item 23									i				
	MPL	anni								to the cause(a) and mai			
HOSPITAL E FUNERAL E I WITHIN 72 h	CO	2" MEDICAL EXAMINE	R: On the beals of ax	emination and/or	r Investigatio	on, in my o	opinion, di	eath occur	ed at the	time, data and place, an	d due to the	cause(a) a	nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	6,1	1	1		T	29c. LICE			29d. DATE	SIGNED (A	fonth, Day, Year)
6 6 3 M	0 8		Cocho	work				1	04	961		6 -	21-94
		30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	E OF DEATH (IT	EM 27) /5/04	Deinti							

town

DHMH-16 Ray 1/89

21740

BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physicia	funeral director, page 5 should be detached for use as the burial-t
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thous after death, Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-te

A BHIMAZIV.

g physician. e burial-transit permit. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. The hours after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH			
	Laura	Zenetta Randa				June 7,		1215 "		
	4. SOCIAL SECURITY NUMBER 5.	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign					
	578-38-4198 1 9a. FACILITY NAME (If not institution, give street	M 2 K F 69	YRS.		LOCATION OF DE	April 13,	1925 Count	Maryland		
Œ	Calvert Memori									
DIRECTOR	RESIDENCE OF DECEDENT	- Hoppie	3 -	FLINC	e Fred	erick	Calve	rt		
RE	10a. STATE 10b. COUNTY	10c. CITY, 1	OWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS?			
	Maryland Calvert Owings						1 TES 2 X NO			
3AL	10e. STREET AND NUMBER . 10f. ZIP CODE						10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	1785 Horace Ward				20736		A			
	1 Never Merried 2 X Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spec	ify Cuban, Maxicar	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No — 14. RAC Blac	E — American Indian, k, White, atc.		
8	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗌 YES 2	NO Specify		Spec	"y: Black		
ED	15. DECEDENT'S EDUCAT. (Specify only highest grade con	ION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during most stired.)	of working					
COMPLETED	11		Domes	stic						
8	17. FATHER'S NAME (First, Middle, Last)	_			18. MOTHER'S NAM	AE (First, Middle, Maiden	Surname)			
8	Frank	Long			Lena		oates			
6	19a. INFORMANT'S NAME (Type/Print) Charles E. Randall					oute Number, City or Town				
	20g_ METHOD OF DISPOSITION	Lan				Owings, M		COLUMN TO THE CO		
	1 X Buriai 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	from State Cepte	PLACE AND DATE OF I	place)	6/11/0	OATE 20c. LO	CATION — City or To	wn, Stata		
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	ira 5 chai	22. NAME AND	ADDRESS OF FAC	Sewell	ngs, MD			
	1 8 8 1	21	0	1/51 Da		Sewell	Funeral	Home		
- 3	23. PART t. enter the diseases, or corr	· som	e v	1		ch Rd. Pri				
	shock, or heart fellure. List	t only one cause on as	ch iina.	enter the mode	e or aying, sucr	as cerdiec or raspi	ratory errest,	Approximete Interval Between		
	iMMEDIATE CAUSE (Finel disease or condition							Onset and Death		
	resulting in death) s									
z	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): EXTRING 1 DUE TO (OR AS A CONSEQUENCE OF):									
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		C	ATRIN	11 74			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury									
	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
H	d									
ALO	PART II. Other algnificant conditions of	ontributing to deeth bu	it not resulting in t	the undariying	cauae given in i	Part 24s. WAS AN		. WERE AUTOPSY FINDINGS		
S	Tosseli dy	ou don't	dabote	well't	- July	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	Cerebrovagaler	accident,	Attur	clents	Heart	dien		OF DEATH?		
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH YE	SINC					
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. PLACE OF OEATH (Check only one)						
PHYSICIAN:	1 YES 2 NO	☐ Impatient 2 ☐ ER/Outpa		THER: Nursing Home	5 🗆 Realdence	8 Other (Specify)				
H	27. MANNER OF DEATH 1 Neturn 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK	K7	28d. OEŞCRIBE HOW IF	JURY OCCUREO			
B	2 Accident investigation	200 DI ACE OF IN HIDY	A1 hand 4 may 10 min		S 2 NO					
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	Ty)	at, ractory, omica		281. LOCATION (Street a City or Town, State)	nd Number or Hural i	loute Number,		
9	29a. CERTIFIER		- 20000000000							
COMPLETED	(Check only one) 1 OPERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: 0							at and manner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIER									
8	A AAA	nother			29c. LICENSE NUM	5435-	29d. DATE SIGNED	(Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEE	TH (ITEM 27) (Type Pr	int)		,	/	/ 7 7		
	Dr. Mukesh M		fram all libbot to	,	D-	cinca B		, MD 20678		
			TURE	*	Pl	cince Fre	ederick	, 115 20070		
	JUN 1 0 1994	Jelin d'éweles	- Kardall							
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BOX 68760	madeline he assessment and assessment
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DIVISION	DIAM.
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er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transval.	i examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
st)	0	2. DATE OF DEATN	•

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)		A			2. DATE OF DEATN		3. TIME OF DEATN		
	MABEL	KELLEY	K	ocorda	_	JUNE 11.	1995	M 1680		
	4. SOCIAL SECURITY NUMBER	1 ./	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFT'H (Month, Day, Year)	Cours	NPLACE (State or Foreign		
	218-24-4260	1 M 2 DF 7	9 YRS.	MONTHS DAYS	HOURS MIN.	Aug. 6, 19	914 Mar	ÿland		
œ	9a. FACILITY NAME (If not institution, give str		TIMED		R LOCATION OF DE	ATH	9c. COUNTY OF			
Ē	PENINSULA REGION	IAL MEDICAL C	ENTER	SALIS	BURY		WICOMI	CO		
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d, INSIDE CITY		
ā	Maryland Som	erset	P:	rincess	Anne			LIMITS?		
₹ I	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	30554 Hampd				21853		.S.			
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ecify Guban, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. RAC Blac	E — American Indian, ik, White, atc.		
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	res	1 TYES	2 NO Specify	r:	Soo	ite		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of			USUAL OCCUPATION		16b. KIND OF BUS	BINESS/INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	st of working		portat:			
MP	12		Fina	ncial M			ds Che	vrolet		
8	t7. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden :				
BE	William Edwa 190. INFORMANT'S NAME (Type/Print)	rd Kelley	10h MAU INC	ADDRESS (Owner)		Lie Dale Route Number, City or Town				
2	Mrs. Ellen Tra	der				Berlin, M		1.4		
	20a. METHOD OF DISPOSITION	20h.	PLACE AND DATE	DE DISPOSITION /No	me of	DATE 20c 100	CATION - City or T	own State		
	1 Donation 5 Other (Specify)	val from Stata ceme	tery, cremetory or or e	od Ceme	terv	6/15 Pr.	Anne M	arvland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	MEE		22. NAME AI	ID ADDRESS OF FA	CILITY	70000	ar y rang		
	Maria XVII	nuan	M00295		n Funera	1 Home t Avenue.	D A	M-4 040E0		
	23 PART I. Enter the diseases, or co	emplications that caused	tha death. Do r	not entar tha mo	da of dylng, suc	h aa cerdiac or respir	ratory arrest,	Approximata		
- 1	IMMEDIATE CAUSE (Finel	ist only one cause on ea	ch lina.					Intarval Between Onset and Death		
	disease or condition resulting in death)	Congestu	e Heart	Fallens	,					
	disease or condition resulting in death) e. Congressive their Failure Due tolor as a consequence of: Menuscleric they are known as a consequence of the seq									
ON	Sequentially list conditions, Due to 100 AS A CONSEQUENCE OF:									
AT	If any, laeding to immediata cause. Enter UNDERLYING	/0 (0		,				İ		
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CERTIFICATION	reaulting in death) LAST	•								
	PART II. Other algnificant conditions	contributing to death bu	t not resulting	in the underlying	cause given in	Part I. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL		suffering.			5 (20)	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED		10				_ ' ' ' '		OF OEATN?		
z	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	ock only one)				
YSI	1 TYES 2- NO	1 Inpatient 2 ER/Outpa	1	4 - Nursing Nom	e 5 🗆 Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY WO	RK?	28d. DEŞCRIBE HOW IN	NJURY OCCURED			
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home farm a		ES 2 NO	281. LOCATION (Street a	and Museum and Discout	Davida Number		
	4 Homicide 8 Could not be determined	building, atc. (Special	(y)	with tablery, with		City or Town, State)	ING NUMBER OF NUME	Hodie Number,		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	doe death occurr	ad at the time date	and place, and due	to the council and man	man on eleted			
AM I		: On the basis of axamination						a) and manner as stated,		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUN			O (Month, Day, Year)		
38 0	Samu h	. Colffeel	mi)			D 6-1	1-94		
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CANISE OF DEA	TH (ITEM 27) (Type,	Print)	Do1:		0			
	JAMES L. CLIF	FORD M.D.	WITE 1	2 MEDI	ens CER	TER J	BHISBUR	4 1/10 21801		
	JUN1 3 1994	REGISTRAR PSIGNA	TYPE							
	3011201031									

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hospital or attending physicial tached for use as the burial-tra be lied within 12 hours after beau with the 25st course, or freque any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	≯
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT/	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

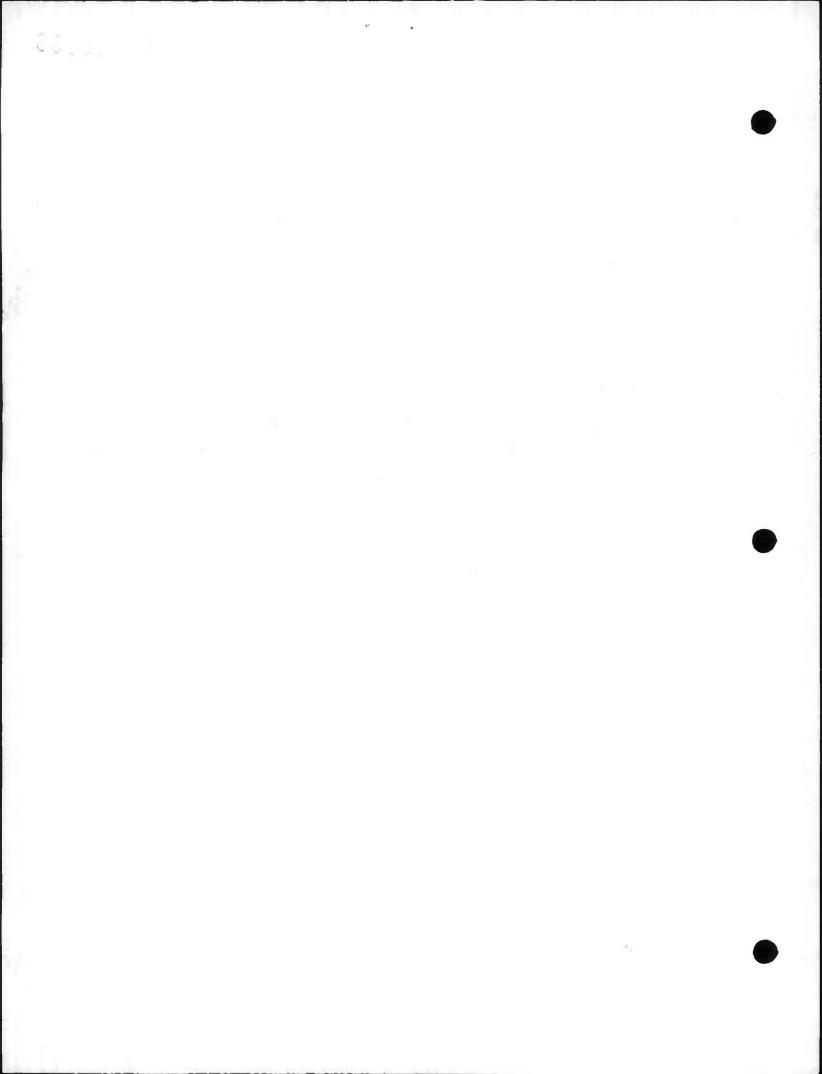
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	IT OF HEALTH AI	ND MEN	TAL HYGIENE REG. NO.			
	4. SOCIAL SECURITY NUMBER 5.		yrs. last birthday) IF UND	ER 1 YEAR IF UNDER 24 I	A,	ATE OF DEATH DAY	YEAR	3. TIME OF DEATH O 4/ 2 M PLACE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMIC								
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	MD. WICOMICO EDE					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
UNERA		LEN ROAD	U.S. ARMED 11	101. ZIP CODE 21822			USA	— American Indian,	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO ES	If yes, specify Cuban, N		rrio Rican, etc.)	Speci	, White, atc.	
COMPLETED	1 0	college (1-4 or 5 +)	life. Do NOT use retired	e during most of working		CITY OF		RY	
BE CO		LDER RUSSEL	L	18. MOTHER	'S NAME (FI	ALLENE	mame) PITCHET	ſΕ	
10	U JUNE MARTIN R	USSELL		ss (Street and Number or I SAME AS A		Number, City or Town, S	Stare, Zip Code)		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cemer		MEMORIAL	PK.	WEST		SALIS. MD.	
	Patrices	a July	Zes !	1213° JERSE				1801	
CERTIFICATION	23. PART I. Enter the diseases, or com- ahock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	Cardia	consequence of: My o cardi consequence of:	er the mode of dying,			ory srreat,	Approximate Interval Between Onset and Death	
AL	PART II. Other significant conditions co	ontributing to deeth but Mcllufus	t not reaulting in the	underlying ceuse give	en in Pert	I. 24s. WAS AN AU PERFORME	D?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 UPS 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТН	26. PLACE OF DEAT	H (Check on	ily one)			
BY PHYSI		☐ Inpatient 2 (XER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 N	28c. INJURY AT WORK? 1 YES 2 N	28d.	Other (Specify) DESCRIBE HOW INJ	URY OCCURED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY – building, etc. (Specifi	- At home, farm, street, is	ctory, offica		LOCATION (Street and City or Town, State)	Number or Rural F	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN DISCONDING PHYSICIAN DESCRIPTION OF THE PHYSICIAN DESCRIPTION DESCRIPT	N: To the best of my knowled In the bests of examination) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A Proceedings 30. NAME AND APPRESS OF PERSON WHO CO			29c. LICENS	9/05		od. DATE SIGNED 6/5/9		
	DR/ CHRISTIAN	HUDDLESTON,	106 MILF	ORD STREET	, SAL	ISBURY,	MD. 2180	01	
	31. DATE FILED (Month, Day, Year) JUN 08 1994	Jahr Davilson	Rardell						

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERT	FICATE (OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	MARGARET	JULIA	RENTZ			June 14,		9:25 AM M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthde	V) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
	217 02 224	1 M 2 (XF	83 YRS	MONTHS D		(Month, Day, Year)	_ 1	Country)	
	217-03-8963		00 18			Feb.2, 19)11	Maryland	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH		
6	Fallston General	Hospital			Fallston Harfor				
DIRECTOR								22020	
2	Marriand 10b. COUNT	arford	10c.	10c. CITY, TOWN OR LOCATION Bel Air				10d. INSIDE CITY LIMITS?	
	Maryland Ha	illora		ье	I AII			1 TYES 2 NO	
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
8	953A Sablewood Ro	oad			21014			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EX		13. WAS	DECENOENT OF HISPAN	IIC ORIGIN? (Specify Ye	or No- 14	. RACE — American Indian.	
ш.	1 Never Married 2 Married	FORCES? 1 T		If ye	s, specify Cuban, Mexica YES 2 NO Specify	n, Puarto Rican, etc.)		Black, White, atc.	
BY	3 🔀 Widowed 4 🗋 Divorced	11 120, 0172 1911	OH BAILS	'"	TES 2 SQ NO Specify	<i>(</i> ;		Specify: white	
	15. DECEDENT'S ED		18a. DECEDEN	r'S USUAL OCCU	PATION	16b, KIND OF BU	S/NESS/INDUS		
COMPLETED	(Specify only highest gred Elementary/Secondary (0-12)		(Give kind life. Do NO	of work done during use retired.)	g most of working				
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	н	omemake	r	1			
2	17. FATHER'S NAME (First, Middle, Last)			Onemake					
S						ME (First, Middle, Maiden			
BE	William (nmn) Rei	nke				(nmn) Lipt			
5	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural I				
-	Kathleen L. Stewa	irt	105	1 Winga	te Court,	Bel Air, N	arylar	nd 21014	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Fig.		201 PLACE AND DA	TE OF DISPOSITIO	N (Neme of	/ 1 PATE A 20c. LC	CATION - CIT	y or Town, State Mills, Md	
	4 Donation Other (Specific	noval from State	cemetery, crematory	Forest	Votoranc	Comptony	wings	Mills, Md	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE VIII	Jan I Son	22. NAN	E AND ADDRESS OF FA	CILITY			
	-//2 //	/ ////		How	ard K. McC	omas III I	uneral	L Home, P.A.	
	/ West K	11100	~	131	7 Cokesbur	y Rd., Abi	ngdon	Md. 21009	
	23. PART I. Enter the diseases, or	complications that co	used the death. D	o not enter the	mode of dying, suc	h as cerdiec or resp	iratory arres		
	ahock, or haart failure iMMEDIATE CAUSE (Finel	List only one cause	Dn aach lina.					intarvai Batween Onset and Daath	
	disease or condition		1/	, 1	*			Ciliati and Baatii	
	resulting in death)	e. PULL TO OF	AS A CONSEQUENCE	no.					
		140	0						
CERTIFICATION	Sequentially list conditions,	b. DUF TO (OF	AS A CONSEQUENCE	OE)					
AT.	if any, leeding to immediate cause. Enter UNDERLYING	552 10 (5.1.	AS A SOMEDOLINGE	. 01).				İ	
윤	CAUSE (Disease or Injury	C. DUE TO (OF	AS A CONSEQUENCE	OE)					
EI	that initieted events resulting in death) LAST	302 10 (3.1	A A CONSCOULABLE	. 01).				İ	
與		d							
	PART ii. Other algnificant condition	na contributing to de	ath but not resultir	g in the under	lving ceuse given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL	CV I	N.			end receivement	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ā		4				1 YES	OP-S	OF DEATH?	
								1 TYES 2 NO	
ä									
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	8. PLACE OF DEATH (Ch	eck only one)			
		HOSPITAL:	R/Outpatient 3 - DO/	OTHER:	Home 5 - Realdence	6 Other (Specify)			
S	1 TES 2 NO			TIME OF 280	INJURY AT	28d. DESCRIBE HOW	NJURY OCCUI	RED	
HYSI	1 ☐ YES 2 ☑NO 27. MANNER OF DEATH	28a. DATE OF INJ		INJURY	WORK?				
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending								
ВУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, 1)	(bar)	M 1	YES 2 NO	261 LOCATION (Street	and Number or	Burni Doude Number	
ВУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ (Month, Day, 1)	ibar)	M 1	YES 2 NO	261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
ВУ	27. MANNER OF DEATH Netural 5 Pending Investigation 1 1 1 1 1 1 1 1 1	28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN	ibar)	M 1	YES 2 NO	26f. LOCATION (Street City or Town, State	and Number or	Rurel Route Number,	
ВУ	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	IJURY — At home, tari (Specify)	M 1 n, street, factory,	YES 2 NO office	City or Town, State to the cause(a) and ma	nner as stated.		
ВУ	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	IJURY — At home, tari (Specify)	M 1 n, street, factory,	YES 2 NO office	City or Town, State to the cause(a) and ma	nner as stated.		
COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only	28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. SICIAN: To the best of my	IJURY — At home, tari (Specify)	M 1 n, street, factory,	YES 2 NO office	City or Town, State to the cause(a) and ma time, data and placa, a	nner as stated.		
BE COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFII	28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. SICIAN: To the best of my	IJURY — At home, tari (Specify)	M 1 n, street, factory,	YES 2 NO office data and place, and dua on, death occured at the	City or Town, State to the cause(a) and ma time, data and placa, a	nner as stated, nd dus to the o	cause(a) and manner as stated.	
COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of axam	IJURY — At home, tan (Specify) knowledge, death occ Institon and/or investig	M 1 m, street, factory, urred at the time, ation, in my opini	YES 2 NO office deta and place, and dua on, death occured at the	City or Town, State to the cause(a) and ma time, data and placa, a	nner as stated, nd dus to the o	cause(a) and manner as stated.	
BE COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 2 Accident 5 Could not be detarmined	28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of axam ER HO COMPLETED CAUSE O	IJURY — At home, tan (Specify) knowledge, death occ institution and/or investig	M 1 m, street, factory, urred at the time, atton, in my opini	TYES 2 NO office data and place, and dua on, death occured at the	City or Town, State to the cause(a) and ma time, data and placa, a	nner as stated, nd dus to the o	cause(a) and manner as stated.	
BE COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 2 Accident 5 Could not be detarmined	28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of axam ER HO COMPLETED CAUSE O	IJURY — At home, tan (Specify) knowledge, death occ institution and/or investig	M 1 m, street, factory, urred at the time, atton, in my opini	TYES 2 NO office data and place, and dua on, death occured at the	City or Town, State to the cause(a) and ma time, data and placa, a	nner as stated, nd dus to the o	cause(a) and manner as stated.	
BE COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of axam ER HO COMPLETED CAUSE OF IND 22. REGISTRAR'S	IJURY — At home, tan (Specify) knowledge, death occ institution and/or investig	M 1 m, street, factory, urred at the time, atton, in my opini	TYES 2 NO office data and place, and dua on, death occured at the	City or Town, State to the cause(a) and ma time, data and placa, a	nner as stated, nd dus to the o	cause(a) and manner as stated.	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Illnerial direction, page 5 should be detached by uses as the burnal-paramy permit.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burnal, cremation, or remove IMPORTANT: If item 28 its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICA	TE OF	DEATH	F	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Pau1	Hicks		ROBE	RSON	2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH	
	Vero/	Huche		704	RODE	= -	June		1994	8:35am M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	AGE (In yrs. lest birti	hday) IF L	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	8. BIRT Coun	HPLACE (State or Foreign	
	215-20-2711	1 🔯 M 2 🗆 F	66 Y	RS. MON	THS DAYS	HOURS MIN.	Aug 3	1927	7 Mai	ryland	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b.	CITY, TOWN (OR LOCATION OF DE			COUNTY OF	-	
RC	Frederick Memoria	al Hospital	L		Fred	erick			Frederick		
5	RESIDENCE OF DECEDENT								. I cac	LICK	
DIRECTOR	10e. STATE 10b. COUNTY		10-		WN OR LOCAT					10d. INSIDE CITY LIMITS?	
ā		ederick		Fı	rederi	ck				1 TYES 2 NO	
Z	10e. STREET AND NUMBER				101	. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?	
BY FUNERAL	7836 Rocky Spring	gs Road				21702			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 X			13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yaa or N	0— 14. RAC	E — American Indien, ck, White, etc.	
Ξ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES			2 NO Specifi		n, arc.)	Spec	olh:	
		9/24/1945		_						White	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade		(Give ki	nd of work of	AL OCCUPATION MO	ON st of working		of Busines eral G			
ا ت	Elementary/Secondery (0-12)	College (1-4 or 5+)		NOT use reti	*					ient	
ž	12		Supe	rvisc)L			mal Ca			
	17. FATHER'S NAME (First, Middle, Last) Leo	NMI	D	ODEDO	TONT	18. MOTHER'S NA					
H		INIAT		OBERS		Mary		izabet		HICKS	
၉	19a. INFORMANT'S NAME (Type/Print) Mrs. Helen Robers					nd Number or Rural					
-		SOII					, Fred	~		and 21702	
	20a. METHOD OF DISPOSITION 1		20b. PLACE AND I	ry or other p	laca)		DATE	111000000000000000000000000000000000000	N — Cify or T		
- 1	4 Donetton 5 Other (Specify)		Mount 0	live	Ceme	tery 6/	18/94	Fred	erick,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1								
	Ketth Agnar	Kopersa	M0070	6	106 E	y & Basf	ord P.	A. Fund	eraı н	lome	
	23. PART i. Enter the diseeses, or o	complications that cer	used the deeth.	Do not e	nter the mo	de Df dying, auc	h as cerdiec	or respirator	y arreat,	Approximata	
	shock, pr heart fellure. iMMEDIATE CAUSE (Finel	List Dnly Dne ceuse D	on eech line.							intervei Between Onset and Death	
	diaman nu annulisian									Oliset and Death	
	resulting in deeth) e. Gran on positive 3 eptec 34 oc 5										
	Tooling III doorny	e. DUE TO (OR	AS A CONSEQUEN	ICE OF	6100	25/1	CT C.	790	005	244-	
-	Tooling III doorly					25/1	CT C.	746	0=5	244-	
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ATION	Sequentielly liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING					2 = 1	CTC	746	5	244- 3days	
IFICATION	Sequentielly ilet conditions, if any, leeding to immediate	DUE TO (OR		ICE OF):		3 = //	CTE	746	oe 5	244- 3days	
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Four after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH MONTH DAY	Y YEAR	3. TIME OF DEATH	
	UNKNOWN 94-10		1	on RICE JU			1994	7:46 P _M	
	214-02-8532	5. SEX 6. AGE (FUNDER 1 YEAR IF U	DIR ARM	DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)		
	9+. FACILITY NAME (If not institution, give str			b. CITY, TOWN OR LOC		eb. 2, 19	9c. COUNTY OF	aryland	
OR	905 STONEGATE	BLVD.	100	ELKTON			CECI		
ECT	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c CITY I	OWN OR LOCATION						
DIR	Maryland Ced	cil		Perryville	2			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER			101. ZIP C			10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL DIRECTOR	802 Maywood Avenue			2	21093		US	A	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2X NO	13. WAS DECENDER If yes, specify C	T OF HISPANIC Cuben, Mexican, Pr	ORIGIN? (Specify Yee uerto Ricen, etc.)	or No 14. RA 816	CE — American Indian, ick, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 □ YES 2 🔀	NO Specify:		Spe	white	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18e. DECEDENT'S US	UAL OCCUPATION	nrkina	16b. KIND OF BUS	INESS/INDUSTRY	WILLCE	
E	Elementary/Secondery (0-t2)	College (1-4 or 5+)		done during most of waterd.)	J. 10119				
OME	1.2 17. FATHER'S NAME (First, Middle, Last)		Machine (OTHER'S NAME	manuta First, Middle, Maiden S	acturer		
BE C	Joseph Henry Rice	. Sr.				nn Gormai			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Nur					
-	Joseph Henry Rice,			aywood Ave	., Perr	yville, 1	Md. 210	093	
	20e. METHOD OF DISPOSITION 1 Striel 2 Cremeton 3 Reme	Mal from State	LACE AND DATE OF C lery, crematory or other	placel			CATION — City or		
- 3	21. SIGNATURE OF FUNERAL SERVICE ACC	/ / / / bd.	raens of B	alth ceme	etery 6/	17/ 94 Ba	altimore	e, Maryland	
	> //s / /	VIIIIV.	to	HOWard K.					
-	23. PANT i. Enter the diseases, or co	omplications that caused	the death. Do not	1317 Coke	dving such as	cardiec or resolu	gaon, Ma	21009	
	shock, or haert failurs. L	lst only one cause on e	sch line.				arory orroat,	interval Between Onset and Death	
	disease or condition resulting in death)	Shi	Jam L	ward	to lo	eod			
		DUE TO (OR AS A	CONSEQUENCE OF):		-				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury								
틸	that initisted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
E	d d								
AL 0	PART II. Other significant conditions	contributing to desth b	ut not resulting in t	he underlying caus	se given in Pari	t i. 24a, WAS AN A		Ib. WERE AUTOPSY FINDINGS	
20						1 YES 2		COMPLETION OF CAUSE OF DEATH?	
ME	DID TOPACCO HEE C	ONITRIBUTE TO	CALLER OF B	PARIL ME		_ / \		1 YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE C	ONIKIBUTE TO	CAUSE OF L						
Sici	EXAMINER?	HOSPITAL:		THER: Nursing Home 5	Pasidones &				
¥	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	E 28c IN.HIDY A		DESCRIBE HOW IN	JURY OCCURED	10	
ВУ	1 Natural 5 Pending 2 Accident Investigation	UNK	CNK	WORK?	2 NO	uneit	Shot	celt	
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm, streetily)	el, fectory, office	281	LOCATION (Street at City or Town State)	nd Number or Rura	Route Number,	
	29e. CERTIFIER		porc			105 812	egaje	PLVD	
COMPLET		EAN: To the best of my know R: On the best of examination						(a) and manner on stated	
	29b. SHOWAT LINE AND TITLE OF CERTIFIER	1	4.0		LICENSE NUMBER			ED (Month, Day, Yber)	
BE	Of aron	- Corts	2000)		O.C.M.	-		E 13,1994	
2	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Pri				3 0 1 1 1		
	JUAKON LOT			Street	, Balt	imore, l	Maryla	nd 21201	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE 11						
	JUN 1 7 1994	James whoward	- FURNOVALLY						

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	0		2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
	Connie Sue	Famsey		6 13	94	1100 Am			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 235-08-2540 1		F UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year) NOV • 20,	1967	HPLACE (State or Foreign my) W.VA.			
	9s. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF D				
DIRECTOR	8204 Har vest Bench Lane Lawrel Pg								
E I	10s. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY			
	Md. Prince Geor	ge La	urel			LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 8204 Harvest Bend Lane #21		101. ZIP CODE 20707		10g. CITIZEN OF V				
BY FUN	11. MARITAL STATUS 1 Mever Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica: 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No 14, RAC	E — American Indian, k, White, etc.			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	NIAL OCCUPATION	16b. KIND OF BUS	INCOME INCLINATION	white			
E I	(Specify only highest grade completed)		k done during most of working	166. KIND OF BUS	INESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Nurse		Doctors	office				
8	17. FATHER'S NAME (First, Middle, Last)	1.0200	18. MOTHER'S NA	ME (First, Middle, Meiden 3					
	Ralph Ball			v Ramsev	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
BE	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING AT	ODRESS (Street and Number or Rural F		State Zin Codel				
5	Arthur Dale Kemp		fayette Place			20781			
	20e. METHOD OF DISPOSITION 1 ☐ Burlet 2 ☐ Cremetion 3 M Removal from State	20b. PLACE AND DATE OF	DISPOSITION (Name of		CATION — City or To	own, State			
	4 Donation 5 Other (Specify)	Fairplane	Cemetery	6/16 Fai	irplane,	W.Va.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY					
	· Greyax Kgh		Donaldson Fi			20707			
\neg	23. PART I. Enter the diseases, or complications that c	eused the deeth. Do not	enter the mode of dving, evol	Ave. Laur	.el, Ma.				
	21 PART L Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ehock, or heert fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Left-Latticked Gunshot Would to Hamma to Hamma but to (or As a conscouence/or):								
		,							
CERTIFICATION	Sequentially list conditions,	R AS A CONSEQUENCE OF:	ron						
<u> </u>	If any, leeding to immediate cause. Enter UNDERLYING	THE R CONSESSERIOR OF J.				İ			
윤ㅣ	CAUSE (Disease or Injury that initiated evente DUE TO (OI	R AS A CONSEQUENCE OF):							
	resulting in death) LAST								
	DATE II ON THE TAX TO								
DICAL	PART II. Other aignificent conditions contributing to de	eth but not resulting in	the underlying ceuse given in	Part I. 24e. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M	DID TOP COO USE CONTRIBUTE					1 TES 2 NO			
ÿ	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF	DEATH YES NO)					
ें	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)					
PHYSICIAN:		R/Outpetlant 3 DOA 4	☐ Nursing Home 5 Residence	6 Other (Specify)					
ᇤ	27. MANNER OF DEATH 28a. DATE OF IN. (Month, Day,		Y WORK?	28d. OEŞCRIBE HOW IN	JURY OCCURED				
B≺	2 Accident Investigation		M 1 YES 2 NO						
	3 Suicide 8 Could not be detarmined 28e. PLACE OF II building, atc	NJURY — At home, ferm, stre s. (Specify)	e1, factory, offica	281. LOCATION (Street a: City or Town, State)	nd Number or Rural I	Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of sxen					a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER								
BE	1116		29c. LICENSE NUN	29	29d. DATE SIGNED	(Month, Uay, Year)			
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ame D	D-17/6	-	9/1	194			
	Gnos Whithy mo 9556	· CRAIN How		sporo. A	10 207	377			
	31. DATE FILED (Month, Day, Year) 32. BEGISTRANS								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 may be described for use as the burlet be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at some.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
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		Rose	CERTIFIC			PEG. N 2. DATE OF DEATH MONTH	10 0	14 13	BOF DEATH
		□ M 2 √ F 4	7 YRS.	F UNDER 1 YEAR ONTHE DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 3-21-4	7	Country) Maryla:	(State or Foreign
CTOR	Howard County Gene	eral		Co1un				ward	
L DIRECTOR	Maryland Howas	:d	10000	licott				1 🗆 Y	NSIDE CITY IMITS? YES 2 1 NO
FUNERAL	9785 Route 99			101	21042			ed Sta	
BY FUN		WAS DECEDENT EVER II FORCES? 1 YES IF YES, OIVE WAR OR D	2 KNO	If yes, sp	ENDENT OF NISPAN	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No— 14	Black, White, Specify; White	erican Indian.
LETED			16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo etired.)	st of working		BUSINESS/INDUS	TRY	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Dental_	Technic		Deni ME (First, Middle, Maid	tal Indi	ustry	
BE C	Cortney Koontz					s Resch			
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or			0
	Richard L. Rose 20a. METHOD OF DISPOSITION 1 Structural 2 Crementon 3 Remove		D. PLACE AND DATE OF netery, grematory or other	DISPOSITION (Na		t City. I	LOCATION - CH		
	4 Donation 5 Other (Specify)	Ğ	ood Sheph	erd	6-		llicott	City,	MD
	13/	21 4/	10	Harr	y H. Wit	zke Funer			
	23. PART i. Enter the disesses, pr corr	plications that caused	the death. Do not	enter the mo	01d Co1	umbia Pil	e Elli	cott C	ity2104:
	shock, or heart fallure. Liar iMMEDIATE CAUSE (Final disease or condition resulting in death) s	only one cause on a	tatu o					it	Interval Between Onset and Deat
			A CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury		A CONSEQUENCE OF):						
RTIF	that initiated events resulting in death) LAST	DUE TO (ON AS A	CONSCOURNCE OF):						
MEDICAL CE	PART II. Other significant conditions of		out not resulting in	the underlyin	g cause given in	PER	AN AUTOPSY ORMED?	AMAILAI COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH? 'ES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSBITAL			LACE OF DEATH (Ch	eck only one)			
IYSI		OSPITAL: Inputient 2 - ER/Outs 26a. DATE OF INJURY			ne 5 🗆 Rasidence				
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	Y WC	HURY AT DRK? YES 2 NO	28d. DEŞCRIBE NO	W INJURY OCCU	HED	
G	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f At home, farm, stri	et, factory, offic	•	28t. LOCATION (Stree City or Town, Str	et and Number or ste)	Rural Route Nu	mber,
COMPLET	one)	N: To the beat of my know							
	2 MEDICAL EXAMINER: (On the basis of examination	n and/or investigation,	In my opinion, o					
		1/1 -			29c. LICENSE NUN		AND DATES	HONED (Month,	way, rear)
TO BE	Cam a	Munery	0		2216	161	16	11-80	/



30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
				obbins,		06 0	YEAR	11:12:P M
	4. SOCIAL SECURITY NUMBER 217-30-8885	12 M 2 □ F 59	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) Dec 13 19	34 Mai	TINPLACE (State or Foreign untry) ryland
TOR	9a. FACILITY NAME (If not institution, give University of Ma RESIDENCE OF DECEMENT		al		timore	ATN	9c. COUNTY OF	EDEATN
DIRECTOR		rchester		y, town on Local Cambridge				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	407 Bound			101	21613		U.S.A	F WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	В	ACE — American Indian, lack, White, etc. pec//y: White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.) 1SE SUPE	ost of working	2 4 4 6	canning	1
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Earl Calv	in Robbins				ME (First, Middle, Maiden		
TO BI	Mrs. Lorelai Rob		407 1	Boundary	Ave., Ca	noute Number, City or Tow Ambridge M	D 21613	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State		of disposition (Ne		6/11 Ca		Maryland
	► Kernet	BR Irons		700	Locust St	Inomas . Cambrid	_	
	23. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	a. Sepsis	- Intra	abdom	inal			Approximate Interval Between Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	COMPLIC CONSEQUENCE O	ations	of laps	Depic	Choles was	The state of
JICAL	PART II. Other algorificant condition	A. 1 + 1'	11 . 7	In the underlying	g cause given in	2000	AAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CAUSE OF		ES NO			10.120 70,10
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Vinpetlent 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 05/06/99	28b, TIN	IE OF 28c. INJ	URY AT PRESIDENCE TO THE PRESI	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUREO	
<u>.</u>	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm,	10, C	0 10	281. LOCATION (Street City or Town, State		al Route Number,
COMPLET	one)	ER: On the basis of examination						ie(s) and menner as stated,
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIE	ian MD			29c. LICENSE NUM	IBER	29d. DATE SIGN	IED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WITH COMMENT OF THE	nd Hospital	22 S.		St. Ra	ltimore	MD 2	21201
	JUN 1 4 1994	32 REGISTRAR'S SIGN	Rardall					

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transi
p.	OULS	inb
	Š	filled
DIVISION OF VITAL RECORDS, P.O. BOX 68760, * BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transi

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Frederick			Schnepel	2. DATE OF DEATH DAY	1994	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 218-16-9703 9a. FACILITY NAME (If not institution, give	1 M 2 □ F	82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 14	Coun	Conn.		
TOR	PENINSULA REGIO			SALISBURY	ZENIT	WICOMI			
L DIRECTOR	10a. STATE 10b. COUNT	cester	10c. CITY,	TOWN OR LOCATION Girdletree Light Zip Code			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	6911 Cherri			21829		U.S	• A •		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Maxic 1 YES XXNO Spec	en, Puerto Rican, atc.)	or No— 14. RAC Black Spec	E - American Indian, ck, White, atc. city: White		
LETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during most of working	16b. KINO OF BUS	SINESS/INDUSTRY	W112 C C		
COMPL	17. FATHER'S NAME (First, Middle, Last)		Projec	t Specialist 18. MOTNER'S N	Moore AME (First, Middle, Maiden		ss Forms		
TO BE	Frederick W. 19a. INFORMANT'S NAME (Type/Print)	Schnepel	19b. MAILING A	Mar DDRESS (Street and Number or Rura	V Schnepe I Route Number, City or Town				
	Alma Schnepe 20s. METHOD OF DISPOSITION XXBurlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	200	. PLACE AND DATE OF	Cherrix Roa DISPOSITION (Name of aptist Cem.	DATE 20c. LO	CATION — City or T	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Dennis Funeral Home, Snow Hill, Md.								
	23. PART i. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cereb	d the death. Do no ach lina.	t enter the mode of dying, su	ch as cerdlec or respi	ratory arreat,	Approximate interval Betwee Onset and Dea		
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	A CONSEQUENCE OF):						
MEDICAL	PART II. Other significant condition	ns contributing to death b	out not rasulting in	the underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATN (COTHER:	and the second second				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED			
TED	3 Suicide 8 Could not be 4 Homicide determined								
MPL	onel			at the time, date and place, and du			(a) and manner as stated.		
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE ALL SOLUTION OF PERSON WITH THE PERSON W	2 Solu	EATN (ITEM 27) (Type F	29c. LICENSE NO	JMBER 475-6	29d. DATE SIGNE	0 (Month, Day, Year)		
4	31. DATE FILED (Month, Day, Year) JUN 13 199	Salcia 32. ARBISTRAR'S SIGN	Quin	ice and	Locusts	5	alisbury		

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1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	r death. Page 6 may be retained by the hospital or attending physician	he funeral director, page 5 should be detached for use as the turnshipment at	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or among physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the souns time of the state Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Charles Willi	cum Cunitla							2. DATE OF DEATH MONTH	24 1 C	O YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last)	hirthrim/	IF UNDER	1 VEAR	IF UNDER	24 MBC	7. DATE OF BIRTH	7, 1,		M IPLACE (State or Foreign
	705-10-4853	1 💢 M 2 🗆 F	95		MONTHS	DAYS	HOURS	MIN.	Jan. 5,		Ma	ryland
TOR	99. FACILITY NAME (If not institution, give s 14626 OLSEN Lane RESIDENCE OF DECEDENT				9b. CITY,	TOWN	Cas	on of DE Cade		9c. CO	vas hi	ngton
DIRECTOR	100. STATE 10b. COUNT	washin	gton	10c. CITY,		R LOCAT						10d. INSIDE CITY LIMITS? 1 V YES 2 NO
FUNERAL	14626 Olsen Lane					101	. ZIP COD	2171	9	10g. CI	U.S	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. ARM YES 2 NO	(ED	1	f yes, sp		n, Mexica	IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yee or No-	14. RACI Blac	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(GM	EDENT'S Use kind of wo	ork done o retired.)	furing mo	st of working	ng	166. KIND OF	igera		Co.
BE CON	17. FATHER'S NAME (First, Middle, Lost) William Franklik	Smith					16. MOT	HER'S HA	ME (First, Middle, Maid Le Smith	len Surname)		
TO B	190. INFORMANT'S NAME (Typo/Print) Bertha M. Smith		19b.	MAILING A	Ols	en L	and Number	or Rural I	Route Number, City or Lade, Md.	lown, State, 2 2 1 7 1 9	(ip Code)	
	20e, METHOD OF DISPOSITION 1) (Burlet 2 Cremation 3 Near 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AN Competery, crem Bethe					-94		as cad		
	21. SCNATURE OF FUNERAL SERVICE LI	The state of the s	Di		D 22. 1	avis	Fun	ss of FA	Home 12.	525 B	radbu	vry Ave. 1. 21783
CERTIFICATION	IMMEDIATE CAUSE (Finat disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSEOU	JENCE OF	الحرية	A	0		eros de		٤	Onset and Death
MEDICAL CE	PART II. Other aignificant condition	na contributing to	deeth but not re	sulting in	the un	derlyln	g ceuse :	given in	PERI	AN AUTOPS ORMED?	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
										ZZ NO		OF DEATH?
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 [OTHER	8 :			6 Other (Specify)			
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	20e. DATE Of (Month, I	INJURY	28b. TIME INJU	OF	28c. INJ	URY AT	NO NO	28d. DESCRIBE HO	W INJURY O	CCURED	Te Via
-	3 Suicide 6 Could not be determined	28e. PLACE (building	OF INJURY — At hom, etc. (Specify)	e, farm, st	reet, fact	ory, offic	•		261. LOCATION (Stree City or Town, Str	et end Numb	er or Rurel	Route Number,
COMPLETED	200. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	R: On the beels of					leath occu			end due to	the couse(e) and manner so stated.
TO BE	-30, NAME AND ADDRESS OF PERSON WI	- U	SE OF DEATH (ITEM	27) (Туре,	Print)		V5	36	23	P	61	15/94
	Frederic (+) 31. DATE FILED (Month, Day, Year)	32, BEGISTR	AR'S SIGNATURE	2	1	19	9	Ho	well	Rel	110	gerstam
	JUN 1 5 1994 d		Mandell									mes



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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicic	filled in by the funeral director, page 5 should be detached for use as the burial-to-
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ALT	death. F	funeral
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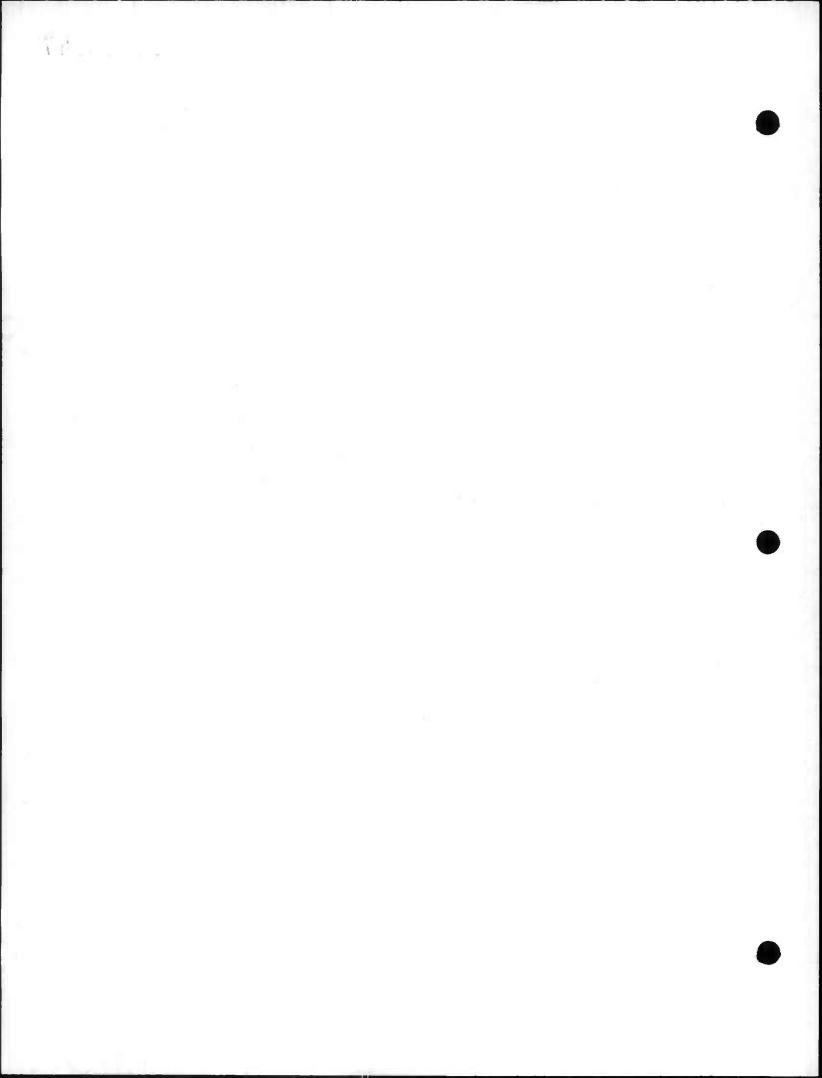
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nous after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / I CE		ICATE					EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF	DEATH		0.000	3. TIME OF DEATI	н
	Evelyn Tillie Sta	artzman							JUNI	C DA	14	1004	1800	PH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF E	нтям	/	S. BIRTH	PLACE (State or For	reign
	214-09-1266	t 🗌 M 2 🎇 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	10-30-	1910)	Unki	nown	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH		9c. CO	UNTY OF OR	EATH	
8	Washington County	Hospita	al		Hage	erst	own				Was	hingt	on	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10- 077	Y, TOWN O									
E	100.000111		- 1		gerst		ION						10d. INSIDE CITY LIMITS?	10
	Maryland Washir	igcon		пач	gerst		ZIP CODE				10- 00	TITEN OF W	THAT COUNTRY?	NO
¥	120 Calvert Terra	000					1742	-				U.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM	ED	13. 1			F HISPAN	IC ORIGIN? (S	pecify Yes				
BY FI	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1	YES 2 NO		1	f yes, sp	cify Cuba	n, Maxican Specify:	, Puerto Ricar	n, etc.)		Specif Whit		.,,
a B	15. DECEDENT'S EDUC				USUAL OC				16b. KIN	D OF BUS	SINESS/IN			
<u>L</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life I	kind of NOT u	work done o se retired.)	during mo	st of workin	g						.30
AP.	12		'	emal	ker				Pe	ersor	nal :	Resid	lence	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	NE (First, Middl	e, Maiden	Surname)			
BE (Leo Kloft							Unkr	nown					
2	19a. INFORMANT'S NAME (Type/Print)								oute Number, (
	Roger W. Fuller							. Co	lonial	. Hei	.ghts	s, VA	23834	
	20a, METHOD OF DISPOSITION 1 M Burial 2 □ Cremation 3 □ Ramo	ovel trom State	20b. PLACEAN cemetery, crem	atory or o	ther place)			_				- City or Ton		. 1
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	Rest H	avei	n Cen	<u>iete</u>	ry	6-	-18–94	Hage	erst	own,	Maryland	
		/7			Do	ugla	s A.	Fie	ry 13	31 E	aste	rn Bl	vd. Nort	th
	I Jando A	1.07/	11111				l Ho					, MD	21742	
	23. PART I. Enter the diseases, or conshock, or heart failure.	omplications the	it caused the dee	th. Do i	not enter	the mo	de of dy	ng, such	aa cardlac	or reapl	ratory a	rreat,	Approxima	
	IMMEDIATE CAUSE (Final	^											Onset and	
	resulting in death)	MEUN	10NA OR AS A CONSECU											
		CT-O-O	(OR AS A CONSEOL	JENCE O	F):	\cap			-					
CERTIFICATION	Sequentially list conditions,	DUE TO	ROLAS (OR AS A CONSEQU	IENCE O	AR FI:	H	CCLI	1 EV	7					
Ä	If any, leading to immediate cause. Enter UNDERLYING												İ	- 1
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEOU	ENCE O	F):									
E	resulting in death) LAST	1,												
2	PART II. Other significant condition	s contributing to	daath but not re	sulting	in the un	deriving	Cause C	riven in i	Part I 24	, WAS AN	ALITORY	246	WERE AUTOPSY FIR	IDINOS
CAL	HYPOTHYRO			Juling	m tria an	aci y iii	, cuuse ;	, ven in i		PERFOR	MED?	240.	AWAILABLE PRIOR 1	o
MEDI	RECURRENT	,	y Pi P	0.0	1 41 ;	R	2 15	. 0	1000	YES 2	NO		OF DEATH?	
Σ										(1/0	NJ		1 YES 2 N	° [
¥	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBU	IE IO CAU	SE C	r DEA				ock only one)					-
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		• 5 🗆 Ra	sidence (8 Other (Sc	ecify)				
PHYSICIAN:	27. MANNET OF DEATH	28a, OATE OF (Month, D		28b. TIN	_	28c. INJ			28d. DESCRI		NJURY O	CCURED		$\neg \neg$
BY	Natural 5 Pending Investigation	(Moran, E	ray, Ioar)	114	M		ES 2] NO						
ED	3 Suicide 8 Could not be	28e. PLACE C building,	OF INJURY - At home	e, term,	atreet, tect	ory, offic			26t. LOCATIO	N (Street a	ind Numb	er or Rural R	loute Number,	
	4 Homicide determined													
COMPLET		CIAN: To the best of	my knowledge, deat	h occurr	ed at the ti	lme, data	and place	, and due t	to the cause(s) and man	ner sa st	ated.		
O.	2 MEDICAL EXAMINE	R: On the beals of a	xamination and/or in	veatigatio	on, in my o	pinion, d	eath occur	ed at the t	time, data and	placa, an	d dua to	the cause(a)) and manner as at	ated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0 11	2 9	_			-	NSE NUM			29d. OA	TE SIGNED	(Month, Day, Year)	
TO B	Jamel Jot.	good	non				03	88.	92		> (0/14/	94	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITEM	27) (Туре	, Print)			•					*	
		- Control of Control												
	31. DATE FILEO (Month, Day, Year)	The state of the s	Denden R	.dat.	L.									
	JUN 1 5 1994	0	1											



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0316 Am ea YEAR d Leroy JUNE 994 4. SOCIAL SECURITY NO 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign April 17, Virginia 219-74-9794 60 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland Washington Hagerstown 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1380 Marshall Street 21740 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

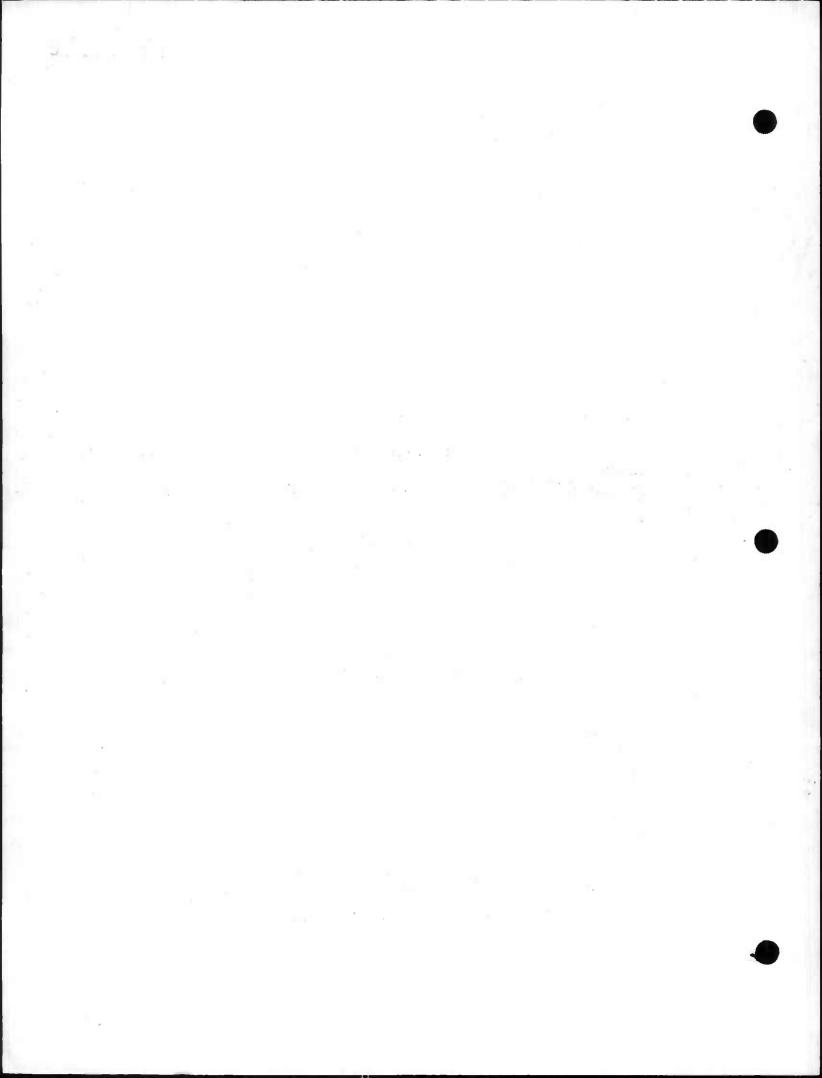
1 YES 2 NO Specify: В Specify. 3 Widowed 4 Divorced intained by the hospital or attending White COMPLETED 12 attu 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig ä Elementary/Secondary (0-12) College (1-4 or 5+) detached 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 25 ĕ Hubert Nelson Seal Iva Catherine Short should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2 aged 20716 El Rancho Road Cecil Seal Boonsboro, Maryland 21713 death. Page 6 may be pe 26g. METHOD OF DISPOSITION
1 4 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must funeral director. Zion Cemetery 4 Donation 5 Other (Specify) 6-16-94 Boonsboro, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 nding physician and completely filled in by the Hygiene prior to bunal, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each ilne intervai Between IMMEDIATE CAUSE (Finel Onset end Desth the disease or condition resulting in deeth) minutes event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 ldvon(e other traumatic car CERTIFICATION Sequentisliy list conditions, DUE TO (OR AS A CONSEQUENCE OF if eny, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events signed by the attending Health and Mental Hygier resulting in death) LAST 10 Injury. PART II. Other significent conditions contributing to death but not regulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? requires that the MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 -N OF DEATH? Shows 1 YES 2 NO been t. of I PHYSICIAN: has by Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL The this certificate ha 26. PLACE OF DEATH (Check only one) tem! **EXAMINER?** OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specify) HOSPITAL DR ATTENDING PHYSICIAN: "FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta 1 YES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA disa 0 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 (S Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) Subside 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be 200 4 | Homicide Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: 1 29c. LIGENSE NUMBER 29d, DATE SIGNED BE Acres RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type, Print) 459 Robert ommar

31. DATE FILED (Month, Day, Year)

JUN 1 5 1994

32. REGISTRAR'S SIGNATURE

Danden Randall



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burs after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- STATE

	Tall I	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	10	De file	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ACLUSE (Pleases or Conditions, I are leading in death) B. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	4. SOCIAL SECURITY NUMBER	ATHE									THAT OF OCATA
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Mary And Washington Hagerstown Marproce Market Marke	10e. STATE 10b. COUN	TY	10c.	CITY, TOWN	OR LOCATI	ION				1	od. INSIDE CITY
Broadfording Church Road 11. MARIA STATUS 12. MAR DECEDERT EVER NU.S. JANES 13. MAS DECEDERT OF MASS DECEDERT OF MASS DECEDERT OF MASS DECEDERT OF MASS DECEDERT OF MASS DECEDERT OF MASS DECEDER OF MASS DECEDED OF MASS DECEDED OF MASS DECEDER OF MASS DECEDED OF MASS DECEDED OF MASS DECEDED OF MASS DECEDED OF MASS DECEDED OF MASS DECEDED OF MASS DECEDED OF MASS D	Maryland Wash	ington	I I	Hagers	stown					1	
11. MAN DECEMBENT OF MISHAND CRIMATIN (Specify War of No.) 12. MAN DECEMBENT OF MISHAND CRIMATIN (Specify War of No.) 13. MISHAND CRIMATIN (Specify War of No.) 14. MISHAND CRIMATIN (Specify War of No.) 15. MISHAND CRIMATIN (Specify) 15. MISHAND CRIMATIN (Specify) 16. MISHAND CRIMATIN (Specify) 17. MAN DECEMBENT SUAL CRIMATIN (Specify) 18. MISHAND CRIMATIN (Specify) 18. M	10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
If yes, specify China, Marchan, Partice Received Specify (FORCES) TYSE 22 XIN	Broadfording Chu	rch Road				21740				USA	
Sequentiary Sequentiary		FORCES? 1 1	YES 2 K NO						or No-	14. RACE - Black, V	- American Indian, White, etc.
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But College (1-s or 5-1) NOT use mixed No N								166. KIND OF BU	SINESS/IND	USTRY	
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Walter W. Miner 190. MANUAL SAME (Proportion) 190. MALING ADDRESS (Stores and Number or Russi Route Number, City or Bart, State, Ze Code) 13361 Greensburg Rd., Smithsburg, Maryland 21783 200. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 120. METHOD or DISPOSITION 121. SCHATURE OF FUNERAL SERVICE LICENSEE 121. MANUAL SERVICE LICENSEE 122. MANUE AND ADDRESS OF FACULTY 123. MANUE AND ADDRESS OF FACULTY 124. MANUE AND ADDRESS OF FACULTY 125. MANUE AND ADDRESS OF FACULTY 126. MANUE AND ADDRESS OF FACULTY 127. MANUE AND ADDRESS OF FACULTY 128. MANUE AND ADDRESS OF FACULTY 129. MANUE AND ADDRESS OF FACULTY 129. MANUE AND ADDRESS OF FACULTY 120. MANUE AND ADDRESS OF FACULTY 120. MANUE AND ADDRESS OF FACULTY 120. MANUE AND ADDRESS OF FACULTY 121. MANUE AND ADDRESS OF FACULTY 122. MANUE AND ADDRESS OF FACULTY 123. MANUE AND ADDRESS OF FACULTY 124. MANUE AND ADDRESS OF FACULTY 125. MANUE AND ADDRESS OF FACULTY 126. MANUE AND ADDRESS OF FACULTY 127. MANUE AND ADDRESS OF FACULTY 127. MANUE AND ADDRESS OF FACULTY 128. MANUE AND ADDRESS OF FACULTY 129. MANUE AND ADD		0	home	emaker	-	11		her or	wn ho	me	
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20s. METHOD OF DISPOSITION Committed Date Dat											
To a BIPOD OF DISPOSITION (Name of Birth 200 posses) Committed											
## Constant of Other (Secolity)	Edward Spickler		1336	ol Gre	eensb	urg Rd	., Sn	nithsbu	rg, M	aryla	nd 21783
22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL SERVICE UCENSE 23. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 Approximate interval Bash Approximate interval Ba	№ Burial 2 Cremation 3 Re	moval from Stata	cametery crematory	or other place!	1		1				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street, shock, or heart failure. List pnly one cause on each line. Approximate interval Bety One-Cause or condition and interval Bety One-Cause or condition and the street of the standard of the street of the standard of the stand				22	NAME AN	D ADDRESS O	E FACILITY				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Leave and the conditions of if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENC	1 South	mm	much.								M3 017/
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Mitural S Pending Investigation (Check only one) 1 CERTIFYING PHY One) 1 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER) 1 MEDICAL EXAMINERS (Check only one) 1 MEDICAL EXAMINERS) 2 MEDICAL EXAMINERS (Check only one) 1 MEDICAL EXAMINERS) 2 MEDICAL EXAMINERS (Check only one) 1 MEDICAL EXAMINERS (C	DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQU	OTHE A OTHE A GRAN	26. PL. SR: raing Home 28c. INJI 1 Yetory, office	ACE DF DEATH 5 G Resider DRY AT RK7 YES 2 NO and place, and eath occured at	I (Check only nees & Q Q 28d. L C C C C C C C C C C C C C C C C C C	24a, WAS AN PERFOI 1 YES 2 Yone) Wher (Specify) DESCRIBE NOW I COCATION (Street Cause(e) and ma	I AUTOPSY RMED? INJURY OCCURANT Number on State of the S	24b. W. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	I/FRE AUTOPSY FINDING IMMILABLE PRIOR TO OMPLETION OF CAUM F DEATHY YES 2 NO No Note Number, and manner as state Aonth, Day, Year)
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MARY CATHERINE SPICKET JUNE ROOM TOUR



1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN				IE OF						
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
	Kathleen Elaine S					,		6 17	7	94	1440 PM
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last bi	MONTH	DER 1 YEAR	HOURS IN	404	(Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign y)
	220–18–3069	1 🗆 M 2 🔀 F	68	YAS.				1./2/1925			rstown, MD
m	Se. FACILITY NAME (If not institution, give s	- III - III - III		9b. C	ITY, TOWN	OR LOCATION	OF DEATH	1.	9c. COU	NTY OF D	EATH
2	Washington County	<u> Hospital</u>		Had	gerst	own			Wash	ningt	con
DIRECTOR	10e. STATE 10b. COUNT	Y	18	loc. CITY, TOW	N OR LOCA	ION			_		10d. INSIDE CITY
뜸	Maryland Washi	naton	T.	lagers	torm					i	LIMITS?
	10e. STREET AND NUMBER	ingcon		agers		. ZIP CODE			10g. CITI	ZEN OF W	WHAT COUNTRY?
FUNERAL	1004 View Street					21740					
S	11. MARITAL STATUS	12. WAS DECEDENT		D :	13. WAS DEC	ENDENT OF H	IISPANIC (ORIGIN? (Specify Yes		S.A.	- American Indian.
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BY	3 Widowed 4 Divorced										ite
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	DENT'S USUAL	ne durina mo	ON st of working		16b. KIND OF BUS	INESS/IND	USTRY	
COMPLET	Elementery/Secondery (0-12)	College (1-4 or 5+)		NOT use retire							
MP	12		Credi	t Off	icer			Departme		tore	2
	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Meiden			
BE	Charles Clayton Mu 190. INFORMANT'S NAME (Type/Print)	lison						ene Krine			
5	George W. Staley							ne Number, City or Town			45.40
	24. METHOD OF DISPOSITION						gers	town, Mar	_		1740
	1-1 Buriel 2 Cremetion 3 Rem	ioval from State	20b. PLACE AND cametery, cremat	DATE OF DISF	ca)	ime of	c/21	DATE 20c. LOC /94 Hage:	ATION —	City or To	wn, State
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	7)	, M .		ľ	oug I	is A.	Fier	ÿ 1331 E	aste	rn B	lvd. North
	Ourles St.	Filler		F	unera	al Home	e	Hagers	town	,MD	21742
	23. PART Enter the diseases, or abook, or heart failure.	complications that	caused the death	. Do not en	tar the mo	da of dying	, such as	s cardiac or reapi	story arr	rest,	Approximate
	IMMEDIATE CAUSE (Final										Intarval Between Onset and Death
	disease or condition resulting in dasth)	a. CEREB	ROVASC.	ACCIDE	NTRI	NET HER	SPHE	RR- PROBAL	BL4 H	Enur	nce
- 8		DUE TO (C	OR AS A CONSEQUE	NCE OF):							
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틸	Sequentially list conditions, if any, lasding to immediate	DUE TO (C	OR AS A CONSEQUE	NCE OF):	1 -	**		, .			
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SERTIFICA	that initiated aventa resulting in death) LAST	DUE TO (c				-					
L CERTIFICATION	PART II. Other aignificant condition	d		ulting in the	underiyin	g causa giva	n in Par			24b.	WERE AUTOPSY FINDINGS
	PART II. Other aignificant condition	d.	laath but not rest	uiting in the	underlyin	g causa giva	n in Par	PERFOR	WED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PART II. Other aignificant condition	d	laath but not rest	ulting in the	underlyin	g causa giva	n in Par		WED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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06.171 77

	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
	KEITH	W.ILLIA	M STAU	BS		JÜNE 18	94	1:30 P M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign Country)				
	232-94-7502	1 0 M 2 □ F 3	6 YRS.	MONTHS DAY	8 HOURS MIN.	Nov . 5, 195	7 M	aryland		
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOW	N OR LOCATION OF O	EATH	9c. COUNTY	OF DEATN		
5	WASHINGTON COU	NTY HOSPIT	TAL	HAGI	ERSTOWN		WAS	SHINGTON		
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY		
NIO.	West Virginia -Be	rkeley MORGAN		dgesvi				LIMITS?		
FUNERAL DIRECTOR	10e. STREET AND NUMBER				10f. ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?		
ER/	Cherry Run Rd.	(P.O.Box# 1	198)		2542	27	US			
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT OF NISPA	NIC ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian,		
7	1 Never Married 2 Married	FORCES? 1 YES	2 NO ATES	If yes	specify Cuban, Mexico res 2 NO Specific	an, Puarto Rican, atc.)	0.000	Black, White, alc. Specify:		
BY (3 Widowed 4 Divorced	L						White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during	ATION most of working	16b. KIND OF BUS	INESS/INDUST	TRY		
Ę	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u			VD0 V		_		
MP	12	4	Engine	er			azaki	corp.		
8	17. FATNER'S NAME (First, Middle, Last)	Emanlelia	C±	h a	18. MOTHER'S NA	AME (First, Middle, Maiden		41		
BE	Edward 19a. INFORMANT'S NAME (Type/Print)	Franklin			Latt	ieryn May		fin		
2	Cheryl L.Staubs					Route Number, City or Town		de)		
	20a. METNOD OF DISPOSITION	Lan	. PLACE AND DATE			DATE 20c. LO				
	1 Burial 2 Cremation 3 Ramo	wal from State	netery, crematory or o	ther place)	om lun 23	2,1994 Shar	nebura	MD 21782		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	amp res	22. NAMI	AND ADDRESS OF F	ICILITY	pabuig	, PIO 2.1702		
	Marin	1 N. Van		OSBO	ORNE FUNER	RAL HOME				
	23. PART I. Enter tha diseases, or c	· CLEATURE				B Williams				
	shock, or heart fellure. I IMMEDIATE CAUSE (Final	a. ANAPHYLAXIS	ach lina.					, Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	D	A CONSEQUENCE O							
MEDICAL	PART II. Other significant conditions DID TOBACCO USE (ying cauae given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (CI	heck only one)				
PHYSICIAN:	1XXES 2 NO	1 Inpatient XX ER/Outp		4 🗌 Nursing I	iome 5 🗆 Raaidenca					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	1000	IURY	INJURY AT WORK?	28d. DESCRIBE HOW II	JURY OCCUR	ED SUBJECT		
BY	2 Accident Investigation	6-18-94	UNKN	OAALA	YES 2 NO			BEE STING		
	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, atc. (Spec	— Al home, farm,	street, factory, c	ffice	28f. LOCATION (Street a City or Town, State)	P.O. BOX	X 1198		
E	4 Homicide detarmined building, atc. (Specify) VARD City or Town, State) P. O. BOX 1198 HEDGESVILLE, WEST VIRGINIA									
	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. XX MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.									
OMPL	(Check only 1 L CERTIFYING PHYSIC			n, in my opinio	n, death occured at the	time, data and place, an	d due to the ca	use(a) end manner as stated.		
E COMPLETED	(Check only 1 CERTIFYING PHYSIC	R: On the basis of examinatio		on, in my opinio	29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)		
H	(Check only one) XX MEDICAL EXAMINER	R: On the basis of examinatio		on, in my opinio		MBER	29d. DATE SI	GNED (Month, Day, Year) IE 19,1994		
	(Check only XXX MEDICAL EXAMINES 29b. SIGNATUSE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	R: On the basis of examination	n and/or investigation	Print)	O.C.M	MBER • E	29d. DATE SI	GNED (Month, Day, Year) IE 19,1994		
#	(Check only 1 CENTIFYING PAYSIC ONL) XIX MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination Completely cause of the completely cause of th	ATH (ITEM 27) (Type	Print) n Stre	O.C.M	MBER	29d. DATE SI	GNED (Month, Day, Year) IE 19,1994		

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physicians BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within schours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

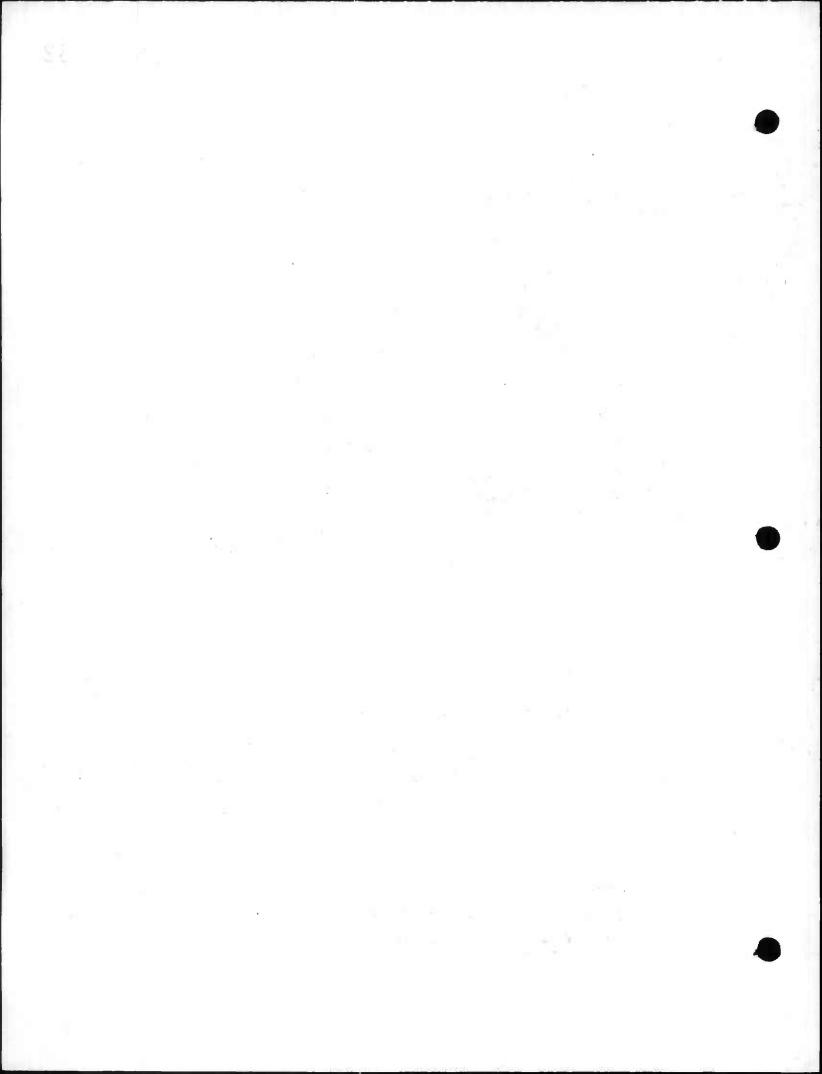
DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
t. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

HEGISTRAR		C	FKIIL	ICALE	= OF	DEATH		REG. NO.			
t. OECEDENT'S NAME (First, Middle, I	ast)						2. DAT	E OF DEATH	NA.	YEAR	3. TIME OF OEATH
DAVID	p ercy		SEX					NE O	5 19	94	8:45 PM
4. SOCIAL SECURITY NUMBER 174-52-9072	5. SEX	8. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	e of BIRTH wh, Day, Year) -5-60		8. BIRTI Count	PA PA
9e. FACILITY NAME (If not institution,	give street and number)			9b. CITY	, TOWN O	R LOCATION OF			9c. COU	NTY OF C	
5007 BRANDY	VINE ROAD			_S'	T. L.	EONARD				LVE	
10e. STATE 10b. CO			10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
MD	Calvert		St	Leor							LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER 5007 Brandywin	ne Street				10t.	20685			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X			If yes, spe	ENDENT OF HISP ecity Cuban, Mexi- 2 X NO Spec	can, Puarto	IN? (Specify Yes Ricen, atc.)	or No	14. RACI Blac Spec	E — American Indian, k, Whita, atc. #y: White
15. DECEDENT'S (Specify only highest		16e. DI	ECEDENT'S	USUAL O	CCUPATIO	ON .	16	b. KINO OF BUS	SINESS/IN	DUSTRY	***************************************
Elementary/Secondary (0-12)	College (1-4 or 5+)					st of working					
	2	EI	ectro	nics	i Teo	chnician		Electr		S	
17. FATHER'S NAME (First, Middle, Last Percy George	*					16. MOTHER'S N		Middle, Maiden	Sumame)		Turnor
19e. INFORMANT'S NAME (Type/Print)	Sussex	140		1000500	2 (0)						Turner
Marie L. Sussex	č					ine St.					0685
20e. METHOO OF DISPOSITION 1 Burlel 2 Commation 3	_	20b. PLACE						_	CATION -		
4 Donation 5 Other (Specify)						atory 6-			xand		
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	A		22.	NAME AN	D ADDRESS OF I	FACILITY	-			
Lon	Link	,		F	Rauso	ch Funer	ral E	Iome, P	.A. (Owin	gs, MD
IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	OUENCE OF	ን:	Wj	unc	5				Onset and Death
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuee given in Part I. PERFORMED? PERFORMED? PERFORMED? PERFORMED? OF DEATH? 1 VES 2 NO PERFORMED? TYPES 2 NO											
25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 ✓ YES 2 ☐ NO	HOSPITAL:			OTHER	₹:	ACE OF DEATH (C					
27. MANNER OF DEATH	1 Inpetient 2 I	NJURY	28b. TIM	E OF	28c. INJ	BY AT	_	er (Specify)	NJURY OC	CURED	Ann
1 Netural 5 Pending	(Mghth, Day)	2 Y	205	5 M	1 🗌 Y	RK?	50	hier	La	lla	of rout
3 Suicide 8 Could no	be building, at	INJURY At he	71	treet, tect	ory, office		Cit	CATION (Street a	nd Numbe	r or Rurel	Route Number,
29a. CERTIFIER			111		-		1,50	0/1	CAT	pa	THE PU
(Check only	HYSICIAN: To the best of m MINER: On the beele of exa										s) and manner ae stated.
296 ATCHAPURE AND TITLE OF CERT			. /\		1	29c. LICENSE N					(Month, Day, Year)
Clara	-look	e N	(J)			O.C.M					06,1994
36 WHAT AND ADDRESS OF PERSON	WHO COMPLETED CAUSE				tre	et Da	1+4-	nore	Max	l.a-	nd 21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE		111 5	LIE	et, Bo	тсП	more,	Mar	утаг	10 21201
JUN 1 0 19		viden Ro	1.12								

OHMH-18 Rev 1/89



MARY CHMA STAFFORD 10 DO TO THE STAFFORD 1	TIME OF DEATN
SOURCE SCHOOL NUMBER S. BEX S. AGE (Ps ys. but Descript) STREET LAW FUNCTION AND CONTROL WAS DOOR OF BUTTON CONTROL OF STREET LAW DOOR OF BUTTON CONTROL WAS DOOR OF BUTTON CONT	
212-16-7622 Image of the second control of	4:17P M
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No. STATE Sec. COUNTY Se	
Thomas Spence Thomas	I. INSIDE CITY LIMITS? YES 2 X NO
Second Devoted Devoted FYES, GIVE WAR OR DATES 1 VES 2 NO Specify Specify Cauca Specify Specify	COUNTRY?
SECOND Secondary Color Secondary Color Secondary Secondary Color Secondary Secondary Color Secondary Seconda	
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Sequentially list conditions First Middle Last Survey Surv	Stall
196 NFORMANT'S NAME (Type/Pirint) 196 MAILING ADDRESS (Street and Number or Rural Routin Number, City or Town, State, 2g Code) 196 NFORMANT'S NAME (Type/Pirint) 196 MAILING ADDRESS (Street and Number or Rural Routin Number, City or Town, State, 2g Code) 197 198 NFORMANT'S NAME (Type/Pirint) 198 MAILING ADDRESS (Street and Number or Rural Routin Number, City or Town, State, 2g Code) 198 MAILING ADDRESS (Street and Number or Rural Routin Number, City or Town, State, 2g Code) 198 MAILING ADDRESS (Street and Number or Rural Routin Number, City or Town, State, 2g Code) 198 Mailing Address (Street and Number or Rural Routin Number or Rural Rural Routin Number or Rural Routin Number or Rural Routin Number or Rural Routin Number or Rural Routin Number or Rural Routin Number or Rural Routin Number or Rural Routin Number or Rural Rou	
198. INFORMANT'S NAME (***Port**Print**) 198. MAILING ADDRESS (***Street and Number or Rural Route Number, City or Town, Stein, Zip Code) 300 Fourth Avenue, Wilmington, Delaware I along the pace of the complete comple	
20e. METHOD OF DISPOSITION 1 \(\tilde{\text{POD INFOSITION} \) 1 \(\text{POD	
20e. METHOD OF DISPOSITION 1 \(\tilde{\text{POD INFOSITION} \) 1 \(\text{POD	9808
22. NAME AND ADDRESS OF FACILITY MOORE FUTIERTAL Home, P.A. Drawer B, Denton, Maryland 21629 23. PART I. Enter the discusses, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart tellura. List Dniy one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	
23. PART I. Enter the distance, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart is fure. List prily one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Thorney Thorn	ınd
23. PART I. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart indure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR)
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Approximate Interval Between Onset and Death
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	1045
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 HO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 19. Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 19. Meturel 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF WORK? MARCH 10, 1994 1:22 PM 1 YES 2 X NO DRIVER IN AUTO/AUTO IMPACE 28a. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 19. Meturel 5 Pending Investigation 28a. DATE OF INJURY At home ferm street factors office.	10 ULETES
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 10 Metural 5 Pending Investigation 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (No) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (No) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) 28. DATE OF INJURY MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2 (NO) MARCH 10, 1994 1:22 PM 1 YES 2	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
MARCH 10, 1994 1:22 P M 1 VES 2 XXNO DRIVER IN AUTO/AUTO IMPAC	
MARCH 10, 1994 1:22 P M 1 VES 2 XNO DRIVER IN AUTO/AUTO IMPAC	~
. I 280 PLACE DE INJURY — At home farm street factory office I 201 LOCATION (C) — at and blumber or Dury Dury	
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City or fown, States Could not be datarmined Could not be datarmined Could not be datarmined ROAD RT 313 NR RT 404 DENT 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and the	Number,
	Number,
29c. LICENSE NUMBER 29d. OATE SIGNED (MO D-13624 29d. OATE SIGNED (MO D-13624 5-27-5	Number, ON , MD .
31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. SEGISTRAR'S SIGNATURE JUN 0 3 94 Juna Davidura Thands 00	Number, ON, MD. d manner ee stated.

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1	FOR STATE REGIST	R	A
,	1. DECEDENT	S	,
1		L	1

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Helever Svead	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	100-16-975-6 1 M 2 X F 74 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country)
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DE.	1/CC 22 /9/91	TY OF DEATH
DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY		COMICO
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY
E	Virginia Accomack Chincoteague		LIMITS?
7	40- OTDERS AND MINNES	10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	6357 Cropper St 23336		U.S.A.
B	11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Yes 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Mexicer 1 YES 2 NO Specify	, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDU	JSTRY
E	(Sive kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5 +)	0 1-	
Ē.	11 Homemaker	Seff	
00	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME	AE (First, Middle, Meiden Surname)	0 1
BE (Carl Nuh Amel	ia Woefil	Ruh
0	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural R	loute Number, City or Town, State, Zip	
- 1	William R Snead 6357 Cropper ST, C	hincotenque Va :	23336
	20e. METHOD OF DISPOSITION 1 0 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) JCAA W Taylor Mem. Cem	DATE 200. LOCATION - C	1/1 2/
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAC		anceviii Va
	Constance Salger Godin Salyer Funeral	Home 6327 Chui	un Va 23336
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	as cerdiec or respiratory arre	at, Approximata
	IMMEDIATE CAUSE (Fine)	1	Interval Between Onset and Death
	resulting in death) a. Juharachnold Hemp	hase	
	DUE TO (OR AS A CONSEQUENCE OF):		
Z	Sequentielly list conditions, b. Hyper tens com		
CERTIFICATION	If any, leading to immediate		
2	CAUSE (Disease or injury		
Ë	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST		
Ы	d		
_	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
5		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀			OF DEATH?
=		_	1 123 2 12 10
¥	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Che	ck only one)	
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence	8 [] Other (Specify)	
主	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)	28d. DESCRIBE HOW INJURY OCC	URED
ВУ	1 Natural 5 Pending M 1 YES 2 NO		
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
Ш	4 Homicide determined	City or lown, State)	
ן ב	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due	to the cause(e) and manner se state	rd.
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the		
	29c. LICENSE NUM		
ᆱ	D 24 h	1. 8/	SIGNED (Month, Day, Year)
임	30. NAME AND ADDRIES OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	90	YHH
	JEFFREY WIELAND 560 RIVERSIDE DR#B101 S	Alisbury Md.	21861
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	7	7,100
	JUN 08 1994 Julia Davidson Randell		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit as filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

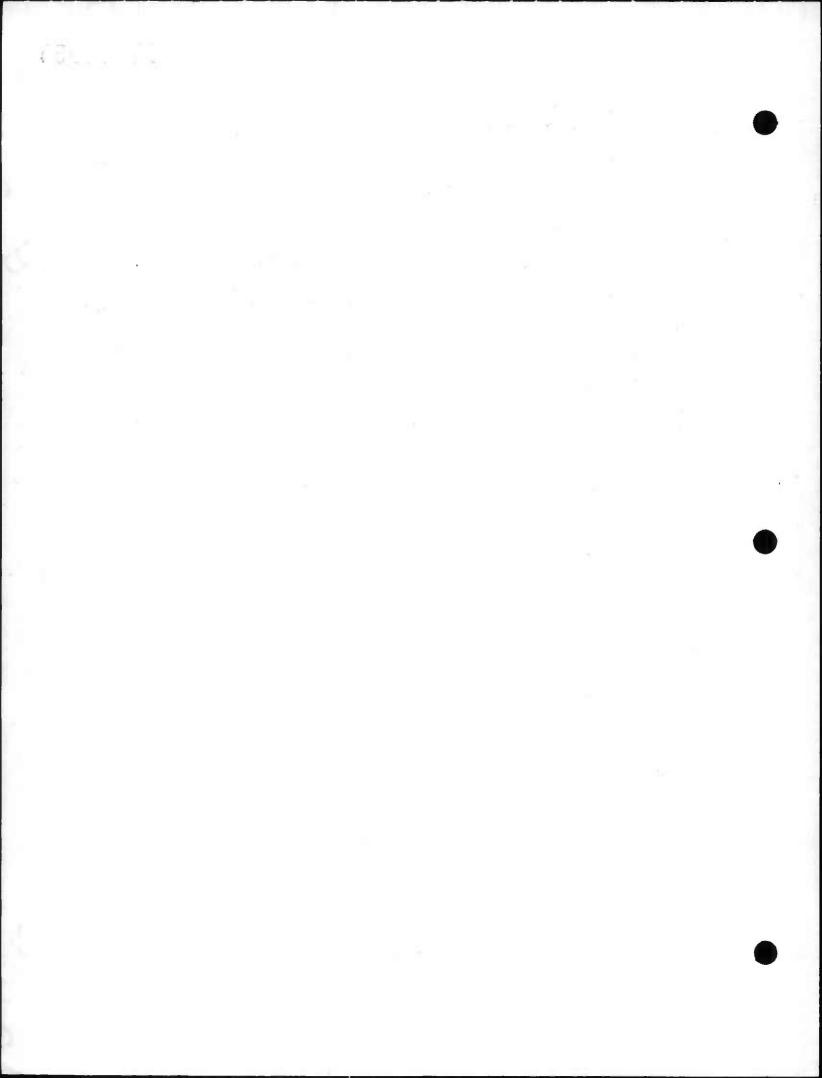
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

are watther .

BALTIMORE, MARYLAND 21215-0020

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	TIFICAT	EUr	DEATH		REG. I	NO.			
1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATN			3. TIME OF DEA	TH
Violet W.	Steck					6	TH	13 :	1994	1:30	P
4. SOCIAL SECURITY NUMBER	5. SEX 8.	. AGE (in yrs. last birt		ER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		8. BIRTH	IPLACE (State or f	oreign
217-20-0677	1 M 2 XF	79	YRS. MONTH		HOURS MIN.	3		1915	Ma	ryland	
9a. FACILITY NAME (If not institution, give a 4039 Sykesvil RESIDENCE OF DECEDENT			9b. Cr	Gam!	or Location of D	EATN			arro.		
10a. STATE 10b. COUNT		10	Dc. CITY, TOWN							10d. INSIDE CIT	Y
MD Ca.	rroll			Gam						1 YES 2	NO
4039 Sykesvil	le Rd.			10	21157					State	S
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, OIVE WAR	YES 2 NO	1:	If yes, or	CENDENT OF HISPA becity Cuban, Maxic B 2 NO Speci	an, Puerto			14, RACI Blac Spec	E — American Ind k, Whita, etc. iffy: Whi	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give k	ENT'S USUAL aind of work don NOT use retired	e during me				BUSINESS/II			
		sea	mstre	ess				wood		ter	
17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S N.	AME (First,	Middle, Maid	den Surname,)		
Thomas Milton	Flater				Airy						
19a. INFORMANT'S NAME (Type/Print) Frank Steck					Lane,					1734	0
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND cemetary, cremato	DATE OF DISPO	OSITION (N	ame o 6/16/	94DA	TE 20c.	LOCATION -	City or To	own, State	
21. SIONATURE OF FUNERAL SERVICE LIC	PENREE	Provid	ence	Cem	etery ND ADDRESS OF F			Gambo	er,	MD	
► 450 HALALIAL	Pritto - XI		2	Pri	tts Fun	era	1 Ho	me &	Cha	pel	
23. PART I. Enter the diseases, or shock, or heart fallure.	complications that o	caused the death.	, Do not ent	412	Washin	ch sa ce	n Rd rdlac or re	eapiratory i	estm orreat,	Approxin	ata letwe
shock, or heart failure. IMMEDIATE CAUSE (Final	a. DUE TO (0	coused the death, on a ach line. A S T A	NCE OF):	412 er tha mo	Washin ode of dylng, aud	ch aa ce	rdiac or re	apiratory i	erreat,	Approxin Interval 5 Onset an	ata letwe
shock, or heart failure. IMMEDIATE CAUSE (Final	a. DUE TO (O. C. C. H.F.	R AS A CONSEQUE	NCE OF):	412 er tha mo	Washin ode of dylng, aud	ch aa ce	rdiac or re	apiratory i	erreat,	Approxin Interval 5 Onset an	ata letwe
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Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DUE TO (O	R AS A CONSEQUE	NOE OF):	412 er tha mo	Washin oda of dying, aud	THE	24a. WAS PERI	S AN AUTOPS	DE/	Approxin Interval 8 Onset an O	TINOING TO CAUSE
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Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. DUE TO (O d.	R AS A CONSEQUENT R AS A CONSE	DO not enter the second of the	underlying 28. PER: ursing Hor	Washin oda of dying, aud Compared to the com	Part I.	24a. WAS PERI 1 YES	S AN AUTOPS S FORMED? S 2 DAO OW INJURY C	Y 24b	Approxin Interval 8 Onset an O	eta d Dad d Dad Tro
Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined	DUE TO (O DUE TO (O	R AS A CONSEQUENT R AS A CONSE	DOA OTHER DOA OT	underlyin 28. P ER: ursing Hon 28c. IN. 1 □	Washin oda of dying, aud CACE OF DEATH CO IN S Residence JURY AT ORK? YES 2 NO a and place, and du	Part I. Part I. 6 Oth 286. OE	24a. WAS PERI 1 YES SCRIBE NO CATION (Stray or Town, St	S AN AUTOPS FORMED? S 2 D NO OW INJURY O	Y 24b	Approxin Interval 8 Oneet an O	nata letwed Dad d Dad Finoinc i TO CAUSE
Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident Investigation distribution of the dist	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	R AS A CONSEQUENT R AS A CONSE	DO not enter the stigetion, in my	underlyin 28. P ER: ursing Hon 28c. IN. 1 □	Washin oda of dying, aud CACE OF DEATH CO IN S Residence JURY AT ORK? YES 2 NO a and place, and du	Part I. 1 Part I. 28d. OE 28f. LO City a to the circ etime, def	24a. WAS PERI 1 YES CATION (Str. Str. Str. Str. Str. Str. Str. Str.	S AN AUTOPS S AN AUTOPS FORMED? S 2 (D) NO The stand of the stand of	Y 24b	Approxin Interval 8 Oneet an O	nata letwe d Dan Tinoinn I TO CAUSE

BALTIMORE, MARYLAND 21215-0020

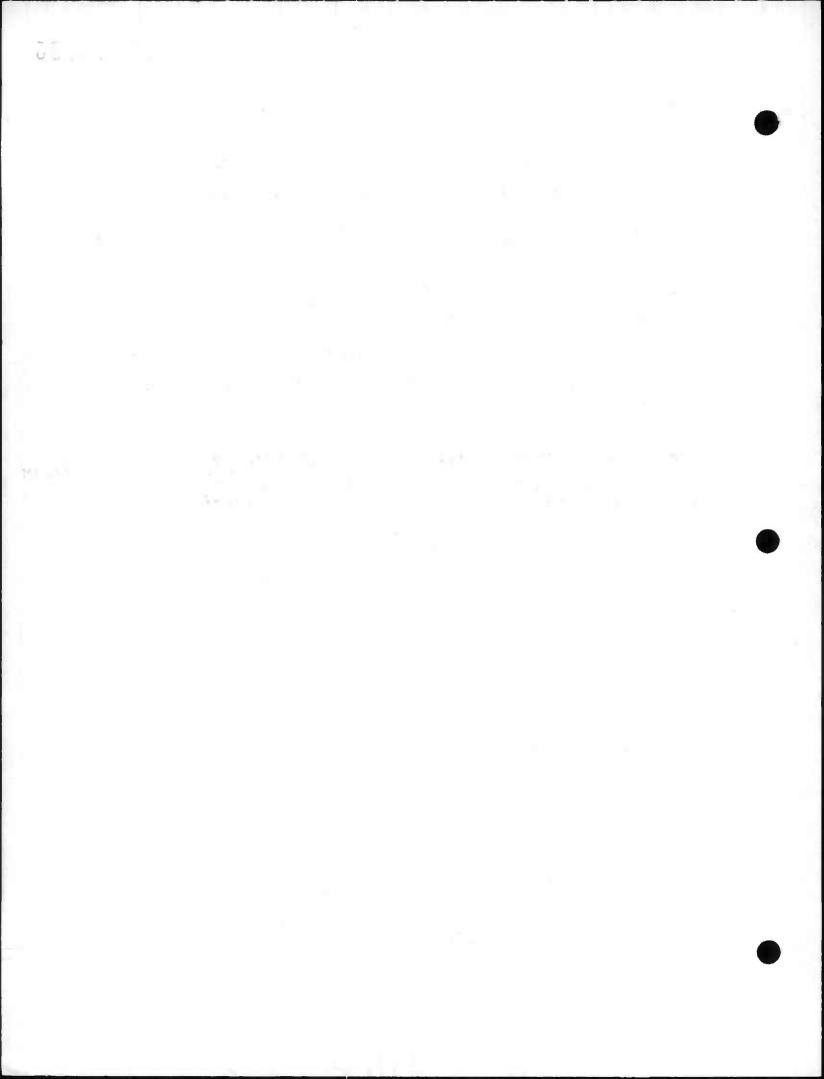
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a now a series death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit.	De lied writhin 12 hours after been with the State bept, or readil and wenter byter provide brinkeds, or fellower. IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND C	DEPARTMENT OF HISERTIFICATE OF		TAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Seffe V A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (10 yes to	SEGAR		JUNE 22 199					
	Ø 1× M 2 □ F	YRS. WONTHS DAYS	HOURS MIN. (A		BIRTHPLACE (State or Foreign Country) MD				
TOR	9a. FACILITY NAME (II not ligitlytion, give street and number) MEMORIA HOSPITAL EASTON RESIDENCE OF DECEDENT	9b. CITY, TOWN OF	DOTO EA	STON 1A	of Death				
DIRECTOR		10c. CITY, TOWN OR LOCATION	boro		10d, INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 22018 CHURCH ST.	101.	21641	10g. CITIZEN	OF WHAT COUNTRY?				
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR CATES	RMED 13. WAS DECE NO If yes, sper 1 YES	cify Cuban, Maxican, Pua	NGIN? (Specify Yea or No— 14. irto Rican, atc.)	RACE — American Indian, Black, Whita, atc. Specify: WHITE				
COMPLETED	15. OECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	RECEDENT'S USUAL OCCUPATION Give kind of work done during most fe. Do NOT use retired.)	N t of working	16b. KIND OF BUSINESS/INDUST	RY				
BE CON		GAR	18. MOTHER'S NAME (FI	rst, Middle, Meiden Surname) E. SEGAR	(SELKO)				
10		9b. MAILING ADDRESS (Street an	d Number or Rural Route i	Number, City or Town, State, Zip Coo	(6)				
	1 Burlai 2 Cremation 3 Removal from Stata cometery, or	AND DATE OF DISPOSITION (Name to be seen as the seen a	K / JAM 6/	DATE, 20c. LOCATION — CHY	IN PA				
		25 71 W.	UWCHLAW,	KEYSTONE SKI AVE, STG 120	(215)3633600				
	23. PMT i. Enter the diseases, or complications that caused the dishock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSI	eath. Do not enter the modele.	le Df dying, such as	cardiac or respiretory arrest,	Approximate Interval Between Onset and Daath				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	e Mende	nane	Disease	Ohis.				
ERTIFI	that initiated events resulting in death) LAST	OUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not	resulting in the underlying	cause given in Part	1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	ACE OF DEATN (Check on	ly one)					
		3 DOA 4 Nursing Home 28b. TIME OF NUTSING WOR		Other (Specify) DESCRIBE NOW INJURY OCCURI	ED				
TED BY		Accident Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, building str. (Specific)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, d				use(a) and manner as stated.				
B	Cathleen J. W. Frat	LMB	29c. LICENSE NUMBER D 39740	29d. DATE SIG	SNED (Month, Day, Year) 22-94				
٩	85.79 Commerce Vi	we #104	East	on, MB 2	1601				
	31. DATE FRANCISCO DOV. 1001) 32/HEGISTRAN'S BIGNATURS JULY D'AUGUELEN-RE	rdall		,					



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICA	TE OF	DEATH	REG. N	0.		
- 1/	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
- 1	Clark	Eugene	SHA	FF.	Jr			3. 19	YEAR Q4	9:30pm M
	4. SOCIAL SECURITY NUMBER 214-34-9955		AGE (In yrs. last birthd	ay) IF U	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 20, 19		8. BIRTHI	PLACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give s 1619 Shookstown F RESIDENCE OF DECEDENT			9b. (erick		9c. COUNT	TY OF DE	
DIRECTOR	10e. STATE 10b. COUNTY		10c.		on LOCAT			-		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			FI		ZIP CODE		10g. CITIZ		1 X YES 2 NO HAT COUNTRY?
FUNERAL	1619 Shookstown F	12. WAS DECEDENT EV FORCES? 1 X	ER IN U.S. ARMED				NIC ORIGIN? (Specify)	ee or No 1	4. RACE	- American Indien, White, atc.
BY	1 Naver Married 2 Married 3 Widowed 4 Divorced	1956-1	OR DATES			2 NO Specif			Specif	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 5+	life. Do NO	of work de It use retire	one during mo	st of working	16b. KIND OF B			Cratan
MO	17. FATHER'S NAME (First, Middle, Last)	ŊŦ	Educ	atio	II/ Iea		ME (First, Middle, Maide		001	System
BE C	Clark Eugene	SHAFF	Sr			Evelyn	Virgi	nia		arl
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Laura Jean S	Shoff					Route Number, City or To		,	1 01700
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Rem		20b. PLACE AND DA	TE OF DIS	POSITION (Na		Frederic	ocation - c		
	4 Donation 5 Other (Specify)		<u>Hillcres</u>	<u>t Bu</u>	rial 1	Park 6/	17/1994	Cumber	land	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Robinson	/ MOO.7		Keene		ord P.A. I ch St, Fre			
7	23. PART I. Enter the Jisasses, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR	on asch lina.			Lorde	· e			Approximate interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
DICAL	PART II. Other algorificant condition	a contributing to des	th but not resulti	ng in the	underlying	causa given in	Pert i. 24a. WAS A PERF	N AUTOPSY ORMED? 2 X NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? BY AND THE STANDARD ST									
BY PHYSICIAN: ME	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJ (Month, Day, Y	JRY 28b.	TIME OF INJURY	28c. INJ WO		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	JRED	
	3 Suicide 8 Could not be 4 Homicide determined	2 Accident 3 Suicide 8 Could not be building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number) City or Team State)							oute Number,	
COMPLETE	29s. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSI 2 🗌 MEDICAL EXAMINE	CIAN: To the best of my								and manner as atsted.
TO BE	296. SIGNATURE AND TITLE OF GERTIFIER	- Car	h			29c. LICENSE NUN D14626				(Month, Day, Year)
	P. Gregory Rausch				th Sti	eet, Fre	ederick,	aryla	nd.	21701
	31. DATE FILED (Month, Day, Year) JUN 1 5 1994	22 DEMETRADIE							_	-

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

10.007

BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physici	funeral director, page 5 should be detached for use as the burial-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicials,	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer
DIVISION OF VITA	DR ATTENDING PHYSICIAN: The	DIRECTOR: After this certificate h.

nding physicials. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF	TMEN	T OF H	IEALTH	AND I	MENTAL			•	. 0 7 0	
	1. DECEDENT'S NAME (First, Middle, Last)		CI	ENTIF	ICAI	E OF	DEAL	п	2 DATE	REG. NO).		3. TIME OF DEA	-
	•	CLAIR	WAYNE	SHT	SLER				монти	D	4	YEAR 94		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les			R 1 YEAR	IF UNDER	24 HRS.	7. DATE C		. 4		4:40 PLACE (State or Fi	
	215-42-3034	1 ₩ 2 □ F	82	YRS.	MONTHS	DAYS	HOURS	MIN.		7/191	2	Countr	y)	or origin
	Se. FACILITY NAME (If not institution, give stre	eet end number)	- 02		9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE		. / / 1 9 1		Oh:		
TOR	5533 Gapland Road				J	effe	rson					Free	derick	
DIRECTOR	Maryland Frede	rick				OR LOCA							10d. INSIDE CITY	7
	10e. STREET AND NUMBER						. ZIP CODE				10a CI1	IZEN OF W	1 YES 2 1	*NO
FUNERAL	5533 Gapland Road					- 1	2175				20			
S		12. WAS DECEDENT			13.	_			VIC ORIGINA	(Specify Ye		.S.A.	- American Indi	10
BY F	1 Never Married 2 1 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	⊽ yes 2 🗀 i an or dates Korean			If yes, sp	ecify Cuba 2 X NO	n, Mexica Specify	n, Puerto R	ican, atc.)		Speci	, White, etc.	w.,
ED	15. DECEDENT'S EDUCA	CEDENT'S	USUAL C	CCUPATIO	ON		16b.	KIND OF BU	SINESS/IN	DUSTRY	WILLE			
Ħ.	(Specify only highest grade c	College (1-4 or 5+	(G	ive kind of v Do NOT us	vork done e retired.)	during mo	st of workin	g						
APL	12 years Military/Farmer													
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-					18. MOTH			iddle, Maiden				
BE (Charles Forest Shi	sler					Els	sie	Irene	Esch	lima	n		
TO E	19e. INFORMANT'S NAME (Type/Print) Mary J. Shisler 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5533 Gapland Road Jefferson, Maryland 21755													
	20 METHOD OF DISPOSITION	0.144505	20b. PLACE	AND DATE O	FDISPO	SITION (No	ime of		DATE	20c. LO	CATION	City or To	wn, State	- "
	1 Pariel 2 Cremetion 3 Removal Donation 5 Other (Specify)		Arlin	gton	Nat	iona	1 Cer	nete	ry6/2	4 Arl	ingt	on, V	Virginia	1
	22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY								LEY &	SON	FUNE	RAL I	HOMES, E	.A.
	1201 NORTH MARKET ST. FREDERICK, MD 21701													
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Finel	ist only one cau	on each line	3.									Interval B Onset and	
	disease or condition resulting in death)	DUE TO	=5 Al-	nto	~ ~	a	7 0		80.0	-				
	,	DUE TO	OR AS A CONSEC	DUENCE OF	1:	- 4							1	
Z	Sequentially list conditions, b.	C × C	-7510	سے ب	C	601	0799	0-0	600	4010	9 40 mm	r 2)	6 000	0
CERTIFICATION	if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE OF	7:									
2	CAUSE (Disease or Injury			The state of										
Ë	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF	ን:									
斯	d.													
. 1	PART II. Other significant conditions	contributing to	daath but not r	eaulting i	n tha u	ndarîyin	g cause g	lven In	Part I.	24s. WAS AN		24b.	WERE AUTOPSY F	INDINGS
PHYSICIAN: MEDICAL	C0104	Ca	veine e	o me						PERFOR			AVAILABLE PRIOR COMPLETION OF C	
빌										1 120 2	300		OF DEATH?	40
5									-				1 YES 2	>
A	25. WAS CASE REFERRED TO MEDICAL				_	26. PL	ACE OF DE	EATH (Chi	ack only one,)				
Sic		HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE A I No	R:			6 Other					
Ŧ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME	E OF	28c. INJ	URY AT	sidelike		RIBE HOW I	NJURY OC	CURED		
ВУР	1 Natural 5 Pending	(Month, Da	y, Year)	ILMI	URY M		RK7 (ES 2 _	NO						
- 1	3 Suicide 28e. PLACE OF INJURY Al home, farm, street, factory, of									TION (Street		r or Rural A	oute Number,	
COMPLETED	4 Homicide determined	Homicide determined building, stc. (Specify) City or Town, State)												
PL	290. CERTIFIER Check only	IAN: To the best of a	my knowledge, de	ath occurre	d at the	time, date	end place,	end due	to the caus	e(s) end mai	nner es ata	ted.		
OM	one) 2 MEDICAL EXAMINER:												end menner es s	tated,
	296 SIGNATURE AND JITLE OF CERTIFIER						29c. LICE	NSE NUN	IBER		29d, DAT	E SIGNED	(Month, Day, Year)	
BE	5							7/0	6 9	20 16/15/94				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS		4 Am . T		_	- 0	, ,	- /			(V 4 7	

501 West Seventh Street Frederick, Maryland 21701

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

Gregory Rausch MD

7 1994

00. ...

	1 - STATE REGISTRAR		CI	ERTIF	ICATE	OF D	EAT	Н	MENTAL H	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-							2. DATE OF	DEATN			3. TIME OF DEATH
	JANIS	Μ.			SER	APH1	ΤN		JUNE	17	199	YEAR	4:30P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER t	YEAR #	F UNDER		7. DATE OF	BURTN		8. BIRTH	IPLACE (State or Foreign
	212-64-1194	1 M 2 XF	41.	YRS.	MONTHS	DAYS H	IOURS	MIN.	AUG.	1, 19	752	MAI	YLAND
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, 1	TOWN OR L	LOCATIO	N OF DE	ATH		9c. COU	INTY OF D	EATH
DIRECTOR	UNIVERSITY HO	SPITAL	S.T.U.		BAL	TIMO	ORE	CI	TY.				
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT			I too CIT	Y, TOWN OR								10d. INSIDE CITY
	MARYLAND ANNE	ARUNDEI		MILLERSVILLE								LIMITS?	
	10e. STREET AND NUMBER			101. ZIP CODE							10a CIT		
	568 VALLEYWO	OOD ROAD		21108						UNITED STATES			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DECENE	DENT OF	F HISPAN	IC ORIGIN? (S	pecify Yes		-	E — Americen Indien, k, White, etc.
BYF	1 Never Married 2 Merried	YES 2 1	NO		Yee, specif			, Puerto Rice	n, atc.)				
	3 Wildowed 4 EDivorced											V	THITE
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			iive kind of a	USUAL OCC	CUPATION iring most o	of working	7	16b. KIP	ID OF BUS	INESS/IN	DUSTRY	
	Elementery/Secondary (0-12)	2) College (1-4 or 5 +)				T use retired.) EACHER				PIIDI	TC C	SCHOO	OT C
COMPL	17. FATHER'S NAME (First, Middle, Last)	7.		1.111	OTIBIC	La			100 100 110 110 110			Onoc	OTIO
		SERAPHIN	ERAPHIN 16. MOTHER'S NAME (First, Middle, Meiden Surname) CAROT.THE HIRSCH										
牊	19e. INFORMANT'S NAME (Type/Print)	SERAPHIN CAROLINE HIRSCH 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	OTTO H. SERAPI	IIN							WOODB			217	797
	20e. METHOD OF DISPOSITION		20b. PLACE	PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State								wn, State	
	1][C] Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery cre	emetage or other place) Cemetery 6/21/94 Sunshine, Md.							Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				AME AND							
	De Chin I-	Malon	the						swort			3/1.3	20872
	23. PART I. Enter the diseases, or	omelications that	1 ceused the de	eth. Do r									Approximeta
	shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition resulting in deeth)	M.H.	plo la	Jun.	ea_								
	resulting in deetily	DUE 10	OR AS A CONSE	DOENCE O	F):								
ξ	Sequentially list conditions	b	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
NO.	If any, leading to immediate	b. DUE TO	(OR AS A CONSE	DUENCE O	F):								
CALION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с.											
ALIFICALION	If any, leading to immediate cause. Enter UNDERLYING	с.	(OR AS A CONSE										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с.											
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE O	F):	erlying co	euse g	iven in	Part i. 24	n. WAS AN /		24b	. WERE AUTOPSY FINDINGS
CALCE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	(OR AS A CONSE	OUENCE O	F):	erlying co	couse g	iven In		PERFORI	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CALCE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	(OR AS A CONSE	OUENCE O	F):	erlying co	euse g	iven In		PERFORI	MED?	24b	AVAILABLE PRIOR TO
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE	DUE TO	(OR AS A CONSEC	OUENCE OF	F): In the und			iven In	_ 1	PERFORI	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. DUE TO	death but not r	resulting	F): In the und	TH YE	≅S [] NO	_ 1	PERFORI	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ITSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	c. DUE TO d. CONTRIBUT HOSPITAL: 1 (Trinpetient 2	death but not r	resulting	F DEAT	TH YE	ES CE OF DE	NO	D Cher (Sp	PERFORI	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PRINCIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. DUE TO	death but not r	JSE O	F DEAT	TH YE 26. PLACE ng Home 28c. INJURY WORK	ES E OF DE	NCEATN (Che	D D D	PERFORI	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BT PRISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	CONTRIBUT	death but not r	JSE O	F DEAT OTHER: 4 Nursh	26. PLACE 19 Home 10 YES 1 YES	ES E OF DE	NCEATN (Che	ock only one) 6 Other (St. 26d. DESCRIT	PERFORI	MED? NO	CK 4	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	CONTRIBUT HOSPITAL: 1 (Trinpatient 2 2 28e. DATE Of (Month, D	death but not r E TO CAL ER/Outpatient 3 INJURY 9/, Year) 6 NJURY — At hose site. (Specify)	JSE O 28b. TIM 28b. TIM 18j.	F DEAT OTHER: 4 Nursh URY street, factor	26. PLACE 19 Home 10 YES 1 YES	ES E OF DE	NCEATN (Che	ock only one) 6 Other (Sp. 26d. DESCRI Subject 281. LOCATIC	PERFORI	MED? NO	CK 4	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH'S 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	CONTRIBUT CONTRIBUT HOSPITAL: 1 (Timpetient 2 Contributions) 28e. DATE Of Month, Deliver of Duliding,	death but not r E TO CAL ER/Outpatient 3 INJURY 5, 194 FINJURY — At ho stc. (Specify)	JSE O	F DEAT OTHER: 4 Nursh URY Street, factor	TH YE 26. PLACI 1 YES 1 YES 1, office	ES DE OF DE	NO NO	ock only one) 6 Other (Sp. 28d. DESCRI Subjection of Record City or R. Route	PERFORI VES 2	JURY OCH	CK G	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BT PRISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CAUSE.	CONTRIBUT CONTRIBUT HOSPITAL: 1 (Trinpetient 2 Contributing to building.	death but not redeath but not	JSE O 28b. TIM 28b. TIM (65)	F DEAT OTHER: 4 Nursh unry street, factor	TH YE 28. PLACI 28. INJURY WORK 1 YES Ty, office	ES DE OF DE 5 Per AT P AT P AT P AT P AT P AT P AT P AT	NO NO end due	ock only one) 6 Other (Sp. 26d. DESCRIT Subjection of R. City of R. Route to the cause(e)	PERFORI VES 2 Decify) BE NOW IN Street e. Win, Street e. On, Street e. On of the street e.	JURY OC	CK L	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO YES 2 NO Rodre Number, County Manyles 0
COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CONTRIBUT HOSPITAL: 1 Vinpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building, CIAN: To the best of R: On the best of e	death but not redeath but not	JSE O 28b. TIM 28b. TIM (65)	F DEAT OTHER: 4 Nursh unry street, factor	26. PLACI 26. PLACI 27. PLACI 28. INJUNE WORK 1 YES Ty, office The, date end	ES E OF DE 5 Ret	NO NO end due ed at the	bock only one) 6 Other (Sp. 286. DESCRI Subjection of Record City or Record to the cause(edilma, date end	PERFORI VES 2 Decify) BE NOW IN Street e. Win, Street e. On, Street e. On of the street e.	IJURY OC	CURED Ch U or or Rural H ocarel thed.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? TYES 2 NO NOTE Number, County Manyland Police Number, County Manyland Police number estated.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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32. REGISTRAR'S SIGNATURE

July Davidson Randell



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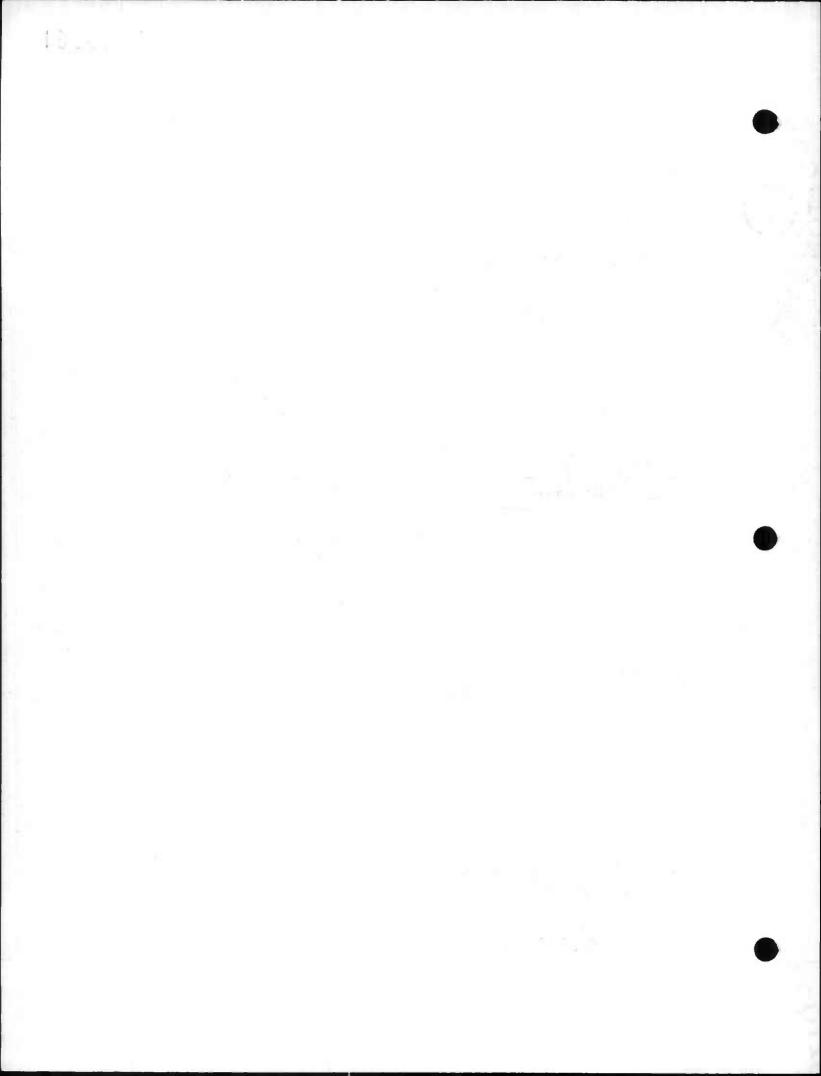
31. DATE FILED (Month, Day, Year)

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	!	1. DECEDENT'S NAME (First, Middle, Last)		C						2. DATE	OF DEATH	14 001	YEAR	3. TIME OF I	
		Kath	5, SEX	Scru				I			e 13,™	1994		4:18	A. M
		444-40-6614	1 M 2 X F	87	s. last birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont	of BIRTH h, Day, Year) 12, 1	8. SIRTHPLACE (State or Foreign Country) Kansas			or Foreign
		9a. FACILITY NAME (If not institution, give s		0,	9b. CITY, TOWN OR LOCATION OF DEATH						.12, 1	9c. COUNTY OF DEATH			
N O		Meridian Health	Care Cen	ter	Annapolis							Anne Arundel			
וון ב		RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c. CITY, TOWN OR LOCATION						10d. INSIDE C		APT-M		
DIRECTOR		Maruland	Arundel			nnap						10d. INSIDE CLIMITS?			
		10e. STREET AND NUMBER	-				10f.	. ZIP CODE	E			10g. CITIZ	EN OF W	HAT COUNTR	
FUNERAL		7 Silverwood Cir	cle No.	5				2140	3			Uni	ited	State	S
Ę		11. MARITAL STATUS 1 Never Merried 2 Married	T EVER IN U.S	S. ARMED						ł? (Specify Yes Ricen, atc.)	or No-	t4. RACE Black	- American , White, etc.	Indian,	
₽	ı	3 Widowed 4 Divorced	1962	3			2 X NO			,			asian		
8	۱	15. DECEDENT'S EDUC (Specify only highest grade	164	DECEDENT'S	USUAL O	CUPATIO	ON		16b	KIND OF BUS	SINESS/IND				
1 5		Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT us	se retired.)									
COMPLETED	ı	12	4		Army	Offic	cer				U.S.				
		17. FATHER'S NAME (First, Middle, Last) John E. Scruggs							her's nai		Middla, Maiden	Sumame)			
BE	М	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street e					n State Zin	Code)	217.03	
2	ı	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21403 Tournis Titus 7042 Harbour Village Ct. Apt. T-2 Annapolis, Md.													
20 00	ı	20a, METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Rem	oval from State		ACE AND DATE	OF DISPOS	ITION /Na	me of		DAT	E 20c. LO	CATION —	Olty or Tox	wn, State	
		4 Donation 6 Other (Specify)		Mary	Tand V	ets.	Cem	. Cr	owns	vill	e 6-15	-94 (rowr	nsvill	e, Md.
		21. SIGNATURE OF FUNERAL BERVICE LIC	John M. Taylor Funeral Home, Inc.												
		Annapolis, Maryland 21403													
100	I	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Between													
	IMMEDIATE CAUSE (Final disease or condition											Onset	and Death		
, and		resulting in death)	DUE TO	(OR AS A CO	ONSEQUENCE OF):								1	WIE	
2 2				1	75 PI	MA	10 17	2						3.0	NE
ERTIFICATION		Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE O	F):	14	4						100	1/2
S S	1	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CO)	NSEOUENCE O	0.	V '	7 7						1	7/4
		that initiated eventa resulting in death) LAST		(OR AS A CO	NSECUENCE U	"FAY	45	CVC)					10	len
[고			0			-							_	+ 6	
MEDICAL	ı.	PART II Other algnificant condition	a contributing to	daath but r	not rasulting	in tha un	dariying	g cause (given in t	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPS	OT ROIL
EDI		D d Chien	chin	land.	+ AL	40	-			_	t [] YES 2	X NO		OF DEATH?	
2		27 000	(100	100									1 YES 2	□ NO
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL						ACE OF D							
SIG		EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpetie	nt 3 🗆 DOA	OTHER 4XXNum	R: sing Home	e 5 □ Re	eldence	6 🗆 Othe	er (Specify)				
PH		27. MANNER OF DEATH 1 🔼 Netural 5 🗍 Pending	28e. DATE OF (Month, L		28b. TIM		28c. INJI				SCRIBE HOW II	NJURY OCC	URED		
B		2 Accident Investigation	40 81 405 6			М		rES 2	NO						
		3 Suicide 6 Could not be determined	building,	stc. (Specify)	Al home, farm,	street, fect	ory, office	•	l		ATION (Street e or Town, State)	and Number	or Rural R	loute Number,	
LET		290. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the base of	I my knowled:	a dasth c	ad as st - "		and =1::-	and d	in the	va=(a) :		4		
COMPL		296. CERTIFFING (Check only one) 1 🔀 CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 under method in the cause(s) end menner as stated. 3 medical examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.													
		296 SIGNATURE AND TITLE OF CERTIFIE	$-\Delta$	A					ENSE NUM					(Month, Day, 1	
100		Tuich y-	21/2	BUN					21438				14-9		01.
티오		30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)									

Michael J. LaPenta, M.D. 600 Ridgely Ave. #120 Annapolis, Md. 21401

32. REGISTRAR'S SIGNATURE

Jalia Dhucher Ravlall



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

31. DATE FILED (Month, Day, Year)

JUN 1 7 1994

JUN 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. PEGISTRAR'S SIGNATURED

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /				HEALTH DEAT		MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Mary Louise	Stricke		ŧ,					2. DATE O MONTH			YEAR 3.	5.15 DM
	4. SOCIAL SECURITY NUMBER 213-38-2962	5. SEX 1	6. AGE (In yrs. les 84	t birthday) YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN.		F BIRTH Day, Year) 8-191	10	Ok1a	ace (State or Foreign
TOR	309 Spruce St.	street and number)			Secounty of Death LaPlata Charles								
DIRECTOR	MD Ch:	arles		10c. CITY, TOWN OR LOCATION LaPlata						LIMIT			Dd. INSIDE CITY LIMITS? XYES 2 ND
FUNËRAL	309 Spruce St.				101. ZIP CODE 20646					U.S.A			AT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 VI				13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Moxican, Puei 1 YES 2 NO Specify:				n, Puerlo R		or No—	14. RACE — Bleck, V Specify:	American Indien, white, etc. White
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)						ION ost of working	ng		KIND OF BUS			
	12 4 Tea 17. FATHER'S NAME (First, Middle, Last) John Henry Mallory								ME (First, M	iddle, Meiden	Surname)		orv
TO BE	John Henry Mallory 190. INFORMANT'S NAME (TyperPrint) Gladys S. Jenkins Ruth Hall Bartell Mallory 190. Mailing Address (Street and Number or Flural Floute Number, City or Town, State, Zip Code) P.O. Box 280 LaPlata, MD 20646												
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)		20b. PLACE other place St.	lene	tius	s C	em.	6-3		4 Bel		on, N	(ID
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0945 22. NAME AND ADDRESS OF FACILITY AREHART-ECHOLS FUNERAL HOME, LaPlata, MD 20646							,INC.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)												
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?		
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		_		R: rsing Ho	me 5 X R		8 Other	(Specify)			
BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							281. LOC	ATION (Street or Town, State)	and Number	A-3-131	ite Number,	
COMPLETED	one)	BICIAN: To the best of e											and menner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year)												

29c, LICENSE NUMBER

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day,

22 ...

1		-	STATE REGISTR	AI
Γ	4	_	ECEDENT'S	м

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or mention practice. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us as the bundle that have within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to bundle, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	RTIF	ICATE OF	DEATH		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH	_		
	Susan Jo Stewart					June	04		94	5:30	P		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHE	PLACE (State or Fore	sign		
	222-30-5813 1 □ M 2 🖾 F	46	YRS.	MONTHS DAYS	HOURS MIN.	12/19	71947	7 IV	edf	ord, Wis	L		
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF D			9c, COUNTY					
DIRECTOR	The Kent & Queen Anne's Ho	spital I	nc.	Ches	tertown			Kent					
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?				
5	Maryland Baltimore		Вε	ltimore						1 YES 2 N	10		
AL	10e. STREET AND NUMBER		10f. ZIP CODE						OF W	HAT COUNTRY?			
E	739 Sue Grove Road		21221						US	Α .			
FUNERAL	FORGER	T EVER IN U.S. ARN		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14	RACE	- American Indian	١,		
BY F	1 Never Merried 2 Married IF YES, GIVE V	YES 2 NO	0		pecify Cuban, Mexic S 2 X NO Speci		en, etc.)		Specify	, white, etc. White			
	15. DECEDENT'S EDUCATION	16a. DEC	EDENT'S	USUAL OCCUPAT	ION	16b. KI	NO OF BUS	INESS/INDUS	TRY	78.0			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	tite .	e kind of Do N OT u	work done during n se retired.)	nost of working	38.777							
립	5+ Health Counselor Community Colle									re			
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surrame)												
	Raymond O. Warner				Bessi	e M. N	ormar	1					
BE	19e. INFORMANT'S NAME (Type/Print)	19b.	Bessie M. Norman 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
임	John D. Stewart - Husban				ve, Balt		7.3.1			20			
						OATE	_						
	1 Buriel 2 A Cremetion 3 Removel from State cametery crematory or other place												
- 8	21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY												
	Spicer-Mullikin Funeral Home, Inc.												
	Frank C. Mayer, Jr. 1000 N. DuPont Parkway, New Castle, DE												
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one car			not enter the m	ode of dying, suc	ch sa cardia	c or reapi	ratory arrea	t,	Approximet			
	IMMEDIATE CAUSE (Final												
	disease or condition resulting in death) a. CAMINE AMOSI DUE TO (OR AS A CONSEQUENCE OF):												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b. Dur 10 (20 40 4 00) (20 10 10 10 10 10 10 10 10 10 10 10 10 10												
Ĕ	If any, leading to immediate	(OR AS A CONSEQ	UENCE O	F):									
CERTIFICATION	CAUSE (Disease or Injury			_									
E	that initiated events resulting in deeth) LAST	(OR AS A CONSEO	UENCE O	F):									
5月	resulting in deeth) LAST												
ايّ	PART II. Other aignificent conditions contributing to	death but not re	sulting	In the underlyl	ng ceuse given in	Part I. 24	la. WAS AN		24b.	WERE AUTOPSY FIN			
DICAL							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CA			
MED						'	☐ TES 2	AL NO		OF DEATH?	•		
2										1 YES 2 N	0		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)			1		_		
2	EXAMINER? 1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3	□ pos	OTHER:									
ž	27. MANNER OF DEATH 280. DATE OF		28b, TIN		me 5 Residence		_	NJURY OCCUR	ED				
	1 Natural 5 Pending (Month, L			JURY Y	YES 2 NO	200. 00001	not non n	100111 00001	100				
B	ccident Investigation	OF INJURY — At hon	ne form			201 LOCATI	ON (Oterat	and Number or	D (D	to the Atlanta of			
	3 Suicide 8 Could not be building.	atc. (Specify)	170, 101111,	street, rectory, on	ice		Town, State)	ing remider or	HU/BF 71	oute Number,			
COMPLETED	29e CERTIFIER												
릴	(Check only CERTIFYING PHYSICIAN: To the best of												
ő	2 MEDICAL EXAMINER: On the basis of a	examination end/or in	rvestigati	on, in my opinion,	death occured at the	e time, date en	d place, en	d due to the o	euse(s)	and manner es sta	rted.		
BEO													
	0 1000												
2	30. NAME AND ADDRESS OF PERSON THO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)												
	30. NOW AND ADDRESS OF PERSON PHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TO LOT C. SETMOCK 122 SPEED Rd. CHESTENTERM pel. 21620												
	31. DATE FILED (Month, Day, Year) 32_REGISTRAN'S SIGNATURE												
	JUN 0 8 '94 Julie 1	and down par	plattly	0									

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BALTIMORE, MARYLAND 21215-0020	ing pri	the	
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A	raine	shou	tiffe
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OF	HYSIC	nis ce	ed,
Z	NG PI	ther th	mark
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ENDI	DR: A	50
Ž	A AIT	RECTI	m 2
0	AL D	AL DI	H He
	TIMSC	Thin 7	NT:
	HE H	HE FI	ORTA
	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

REGISTRAR		CE	THIE	JAIL OI	DEATH		REG. NO	۶.		
1. DECEDENT'S NAME (First, Middle, Last)				PET T		2. DAT	E OF DEATH	0.01		3. TIME OF DEATH
Reid Dyer Curtis	s Smith,	Sr.				Ju		2	1994	
		AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	1	8. BIRTH	PLACE (State or Foreign
111-03-8539	⊠M2□F	81		ONTHS DAYS	HOURS MIN.	(Mor	ith, Day, Year)	1010	Country	y) .
9e. FACILITY NAME (If not institution, give stree	22			b. CITY TOWN	OR LOCATION OF		ary 11		Net NTY OF D	
Union Hospital of		unter	- 6		kton	SENI II		1		Seri II
RESIDENCE OF DECEDENT	CECTT COL	uncy		EI	KLOII .			Le	cil	
10a. STATE 10b. COUNTY			10c, CITY,	TOWN OR LOC	ATION				T	10d. INSIDE CITY
Maryland Ced	cil	7/2	E1kt	ton						LIMITS?
10e. STREET AND NUMBER					of, ZIP CODE		-	10c CIT	ZEN OF W	HAT COUNTRY?
100 Laurel Drive				Man I	21921					States
	2. WAS DECEDENT EV	ED IN HE	AFD	40 4000		4446.2				
1 Never Married 2 Merried	FORCES? 1 X	YES 2 N	O	If yes, s	CENDENT OF HISP specify Cuban, Mexi	can, Puerto	Rican, stc.)	e or No-		- American Indian, White, etc.
3 🔯 Widowed 4 🗌 Divorced	World War			1 🗆 YE	S 2 NO Spec	offy:			Specif	w White
15. DECEDENT'S EDUCAT			PENEWTIN 110	BUAL OCCUPAT	10N	1	- VIII-D C		NIO TO	
(Specify only highest grade cor	mpleted)	(GA	ve kind of wor	SUAL OCCUPAT rk done during r retired.)	nost of working	10	b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)						Indust	-rial		
		Pu	cnas	ing Ag						
17. FATHER'S NAME (First, Middle, Last)	1				18. MOTHER'S			,		
Francis Curtis Smi	ith						er Smit			
19e. INFORMANT'S NAME (Type/Print)		19b	MAILINO AI	DORESS (Street	end Number or Rura	I Route Nui	mber, City or Tow	vn, State, Zip	Code)	
Suzanne S. Gordon		2:	111 0	ld Elk	Neck Ro	ad, I	Elkton,	MD	2192	21
200. METHOD OF DISPOSITION				DISPOSITION (OA	TE 20c. LC	CATION —	City or To	wn, State
1 Burlel 2 □ Cremelion 3 Remove 4 □ Donation 5 □ Other (Specify)	ol from State	Is land	POD C	d Ceme	terv	6/16	6/94 Ha	rwic	h Ma	assachuset
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE				AND ADDRESS OF		1 -11 116	-1,110	, 110	
hill all	_//				ch Funer		ome			
Willer H	UNI	/>		127	South Ma	in St	creet,	North	h Eas	st, MD 219
IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one couse of	on each line.			oda of dying, at			elratory an	reat,	
IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR	on each line.	MY COULENCE OF:	and 1 M	oda of dying, ac			iratory art	reat,	Approximate interval Betwee Onset and Das
IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEO AS A CONSEO AS A CONSEO	UENCE OF):	and in	I INI	Supe.	40 a	N AUTOPSY RMED?		Interval Betwee Onset and Das
IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	DUE TO (OR	AS A CONSEO AS A CONSEO AS A CONSEO	UENCE OF):	and in	I INI	Supe.	40 m	N AUTOPSY RMED?		Interval Betwee Onset and Das
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IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the cause o	DUE TO (OR	AS A CONSEO AS A CONSEO AS A CONSEO	UENCE OF): UENCE OF): UENCE OF):	a VIA	I INI	n Part I.	24e. WAS AN PERFO	N AUTOPSY RMED?		Interval Betwee Onset and Das
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DHMH-16 Rev 1/89

Amended #2, 6/21/94, NLS, Allegany Co.

nours after death. Page 6 may be retained by the hospital or attending physicial BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burge be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND CI	DEPAR						HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, L	Last)			- CATT	- 01	DEA		2. DATE OF		w 9		3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D.	BIRTH	194	8. BIRTH	IPLACE (State or Foreign
	217-10-4357	X M 2 □ F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	June 1	19, 1	916	Count MD	7)
	9a. FACILITY NAME (If not inatitution, (ON OF DEA	ATH			NTY OF D	
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	10e. STREET AND NUMBER	regarry		1 Cu	IDEL.		ZIP CODE				10a. CIT	IZEN OF Y	WHAT COUNTRY?
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	23. PART I. Enjer the diseases,	or complications the	t caused the de	ath. Do	not antar	tha mo	da of dyi	ng, auch	D 2150	or reapl	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Final	ura. List only one car	ise on each line	n.									Interval Between Onset and Death
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O C	25. WAS CASE REFERRED TO MEDIC/ EXAMINER?	HOSPITAL:		. ue.	OTHE		ACE OF D	EATH (Chec	ck only one)				
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۳	29a. CERTIFIER 1 DCERTIFYING P	PHYSICIAN: To the best of	my knowledge de	asth occurs	ad at the t	lma data	and place	and due t	a the several	a) and man			
COMPLETED		MINER: On the besie of a											i) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERT				-			NSE NUMI					(Month, Day, Year)
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임	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAU	SE OF DEATH (ITE				ت ب	01,	/	0		7 44,	, , , , – ,
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 687604

	1. DECEDENT'S NAME (First	. Middle, Last)					_			2. DATE OF				3. TIME OF DEATH	
	JAMES		HI	ENRY			SCC	TT		JUNE	4			06:10 A m	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BURTH				
	219 14	5305	1 3 M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, D	1924	L	Count	HPLACE (State or Foreign m) Md •	
	9e. FACILITY NAME (If not in		treet and number)			9h CIT	Y TOWN	OR LOCATI	ON OF OR		-172	_	INTY OF C	A A A A A A A A A A A A A A A A A A A	
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DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY	
吉	Md.	All	egany		Fr	osti	burg							LIMITS?	
	10e. STREET AND NUMBER							of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
	93 Wrigh	t St.						2153	32			t	J.S./		
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S	James H.	Scott	Sr.					E	Barba	ra Fa	tkin				
m	190. INFORMANT'S NAME (7	lype/Print)			19b. MAILING	ADDRES	S (Street	and Number	or Rumi i	Poute Number,	City or Town	Stata Zi	n Code)		
임	Jennie Sco	tt			93 V	righ	ht S	t. F	rost	burg,	Md.	215	32		
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PHYSICIA	27. MANNER OF DEATH		260. DATE OF		28b. TIN		_	JURY AT	sidence	28d. DESCR		LIURY OC	CUBED		
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à	2 Sulaida	Investigation	26e, PLACE (OF INJURY /	At home, farm,	street tac				281 LOCATI	M /Stmat a	and Mumba	e ne Dumil	Route Number,	
3		Could not be determined	building,	atc. (Specify)	a norma, mini,		otory, orn				own, State)	nu numbe	or nurer	node reamber,	
I	294. CERTIFIER					_									
COMPLETED	(Check only		CIAN: To the best of												
5	2 MED	ICAL EXAMINE	R: On the besis of e	examination en	d/or investigation	on, in my	opinion,	death occur	red at the	time, date en	d place, end	d due to t	he ceuse(s) end menner ss stated.	
	296. SIGNATURE AND TITLE	OF CERTIFIES	9					29c. LICI	ENSE NUM	4BER		29d. DA	TE SIGNED	(Month, Day, Year)	
A P	VD-W	2		O M				D	132	33		> /	1 - 4	7-94	
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)	_						1	-/	
	A-SIVAN	219	LAL	nn	011	- 6	edo	D 01	v. C	=>,	1	3 1	\ ~4	. 21501	
	31. DATE FILED (Month, Day, JUN 0	Year)	32 DEGISTA	R'S SIGNATU	R . P. O.			2 41 V	4 . /	Juni	1-4 ~	7	110	. 7()	
	JUN 0	9 1994	Java di	MANAGA !	mouning										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Durs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TANK TO

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

$\overline{}$	REGISTRAN				OLITIII	CAIL	O.	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Mid NELSON				CDIDI	PIDLE			2. DATE OF DEATH MONTH 10 PAY 19 94			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	LLOY									774 -	0.00 A M
	171-07-9574		5. SEX 1 X M 2 F		s. last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institut			82	Thu.				SEPT 15 19		PA.	
œ		-	,			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT CUMBERLAND ALLEGAN						
DIRECTOR	MEMORIAL HO		I.A.L			COM	IDE.	KLAND		AL	TEGAL	A I
띭	10a. STATE 108	b. COUNTY			10c. CIT	Y, TOWH OF	LOCA	TION			104	d. INSIDE CITY
	MARYLAND	AT.T	EGANY			CUMBE	RT.A	ND			10	LIMITS?
A	10e. STREET AND NUMBER						_	ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
FUNERAL	531 PEARRE	AVENU	E					21502			U.S.A	
ا ج	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED	13. W	AS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea n, Puerlo Rican, etc.)	or No-	14. RACE — Black, W	American Indian,
BY	1 Never Married 2 Marria 3 Wildowed 4 Divorced		IF YES, GIVE W	AR OR DATES	Aug			2 NO Specify			Specify:	WHITE
	15. DECEDE	NT'S EDUC	ATION	160	. DECEDENT'S	IISHAL OCC	CUBATI	ON	16b, KIND OF BUS	10000000	NIOTEN	
	(Specify only high Elementary/Secondary (0-12)	hest grade o	completed)		(Give kind of v	vork done du	uring mo	ist of working	166. KIND OF BUS	NESS/INL	JUSTHY	
COMPLETED	9		College (1-4 or 5 d	" вт	US DRIV	VER			TRANSP	ORTA	TION	
8	17. FATHER'S NAME (First, Middle	, Last)			-			18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)		
BEO	JAMES SP	IDLE						ANNA	BEEGLE			
10 8	19a. INFORMANT'S NAME (Type/	Print)			19b. MAILING	ADDRESS	(Street e	and Number or Rural R	loute Number, City or Town	n, State, Zip	Code)	
۴	M. HELENE SI	PIDLE			531 1	PEARR	E A	VE CUMBEI	RLAND MARY	LAND	215	02
	20a. METHOD OF PISPOSITION 1 Burlel 2 Cremation		val from State		CE AND DATE				DATE 20c. LO		City or Town,	
	4 ☐ Donation 5 ☐ Other (Spe 21. SIGNATURE OF FUNERAL SE		ENSE()	POPIDI	- CREAND			ND ADDRESS OF FAC		HDEK	LAND II	AKILAND
	1	4	111 9	1						OME		
	Note	od .	lem	1					rreet cumb			YLAND
	23. PART i. Enter the disea shock, or heart	ises, or co I failure. L	omplicationa tha list only one cau	t caused the se on each	e death. Do r iina.	not enter t	the mo	de Df dying, such	as cardiac or respi	ratory an	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition		0) /		- T				Onset and Death
	resulting in death)		CONC	3ES7	TUH /	YEAT	RT	+A1	LURE			2 WKS
z			STA	PAUL	OC DCC	· \ \	AI	IPAIS	-NDOCA	CDK	ПС	Imo
CERTIFICATION	Sequentially list conditions if any, leading to immediate		DUE TO	OR AS K CO	SEDUENCE OF	F):	11.	- 1113	JUDUCHU		10	
<u>র</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	٠ د	571	MH.	HUR	err		4.T.3				(m0
	that initiated events resulting in death) LAST	-	DUE TO	(OR AS A CO	NSEQUENCE OF	F):						
5	,	d	•									
	PART II. Other algnificant of	conditions	contributing to	death but n	ot resulting	in the und	leriyin	g cause given in				RE AUTOPSY FINDINGS
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Z X	1 TYES 2 NO		HOSPITAL:	ER/Oulpatien	nt 3 🗆 DOA	OTHER:		a 5 🗆 Realdenca	6 Other (Specify)			
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à l	2 Accident Inves	stigation	00 84 105 0			М		YES 2 NO				
	3 Suicide 8 Coul 4 Homicide detail	id not be irmined	building,	etc. (Specify)	t home, farm,	Rreet, fector	ry, offic	•	281. LOCATION (Street a City or Town, State)	ind Number	r or Runii Routi	Number,
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₹ I									to the cause(a) and mer time, data and place, an			of menner as stated.
	29b. SIGNATURE AND TITLE OF		1	-				29c, LICENSE NUM				onth, Day, Year)
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임	30. NAME AND ADDRESS OF PE		COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	Print)		23400	<u>, </u>	(0)	1, 7	
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	31. DATE FILED (Month, Day, Year))	32. REGISTRA						-			
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ITAL RECORDS, P.O. BOX 68760	4: The law requires that the death certificate be executed with	cate has been signed by the attending physician and complete State Dept. of Health and Mental Hygiene prior to burial, cren
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/ISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	CTOR: After this certificate has been signed by the attending physician and complets after death with the State Dept. of Health and Mental Hygiene prior to burial, cren
DIVISION OF VITAL RECORDS, P.O. BOX 68760	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending private	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for ess as the burnal hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

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JUN 1 4 1994

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) AKA: MARY ELOISE GARDINER SHLAGEL 2. DATE OF DEATH 3. TIME OF DEATH Shlage 1994 June 10 12:27 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 M 2)(X F DAYS Maryland 76 220-46-3446 January 18 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Memorial Hospital Prince Frederick Calvert 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Charles Charlotte Hall 1 TES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10335 Newport Church Road 20622 **United States** 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2/
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2X XNO Specify: BY 3 X Wildowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION lecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme Hugh Charles Gardiner notified at Mary Isabelle Middleton BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20622 2 Julia A. Langley 10335 Newport Church Road, Charlotte Hall, Maryland 9 20a. METHOD OF DISPOSITION
1 N Burlel 2 Cremetion 3 Removal from State 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must St. Peter S Church Cem. 6-15-94 Waldorf, Maryland examiner THE HUNTT FUNERAL HOME, INC. Mark G. Brohawn M00053 P.O.BOX 156, WALDORF, MARYLAND 20604 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onaat and Daath IMMEDIATE CAUSE (Final the disease or condition resulting in death) CH+ " staxe End event, DUE TO (OR AS A CONSEQUENCE OF): embre لم traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate O PD .
DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 that initiated events resulting in death) LAST 0 Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2X X NO Shows 1 TYES 2 T NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO patient 2 | ER/Outpatient 3 | DOA Ing Home 5 - Residence 6 - Other (Specify) 27. MANNEB OF CEATH 28e. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED marked, INJURY 1 Natural М 1 YES 2 NO В 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is COMPLETED 6 Could not be 4 Homicide item 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. (Check only one) = TO THE HOSPITA
TO THE FUNERAL
DE FILED WITHIN 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the ind/or Investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

Large

32. RESISTRAR'S SIGNATURE
Jalin Dawblor Randell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 115 Bliola. de

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

C. Kenneth Merryman 3806 Salem Church Rd. Jarrettsville. 20e, PLACE AND DATE OF DISPOSITION 1. During Jarrettsville. 20e, PLACE AND DATE OF DISPOSITION (Jamed) 20e, PLACE AND DATE OF DISPOSITION (Jamed) 21. SIGNATURE OF DISPOSITION (Jamed) 22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home Jarrettsville. 22. PART I. Enter the dissesse, or complications that devised the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval ones or reactive or respiratory arrest, interval ones or condition. 23. PART I. Enter the dissesses, or complications that devised the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval ones or condition. 23. PART II. Other algorificant conditions. 25. WAS CAUSE (Pisses or Injury) 26. THE PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. WAS CAUSE (Pisses or Injury) 27. MANUARER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF INJURY — At home, farm, street, factory, office 29. PLACE OF INJURY — At home, farm, street, factory, office 29. PLACE OF INJURY — At home, farm, street, factory, office 29. PLACE OF INJURY — At home, farm, street, factory, office 29. PLACE OF INJURY — At home, farm, street, factory, office 29. PLACE OF INJURY — At home, farm, street, factory, office 29. PLACE OF INJURY — At home,	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND TE OF DEATH		YGIENE EG. NO.				
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CITIZENS NURSING HOME HAVRE DE GRACE HARFORD 100. COUNTY 100. COUN	213-74-6877	1 - M 2 X F 10	8 YRS. MONT	THE DAYS HOURS MIN.	7/2°	3/1885	Mary Mary	rland		
Maryland Harford Jarrettsville Jarrett	CITIZENS NURSING HOME HAVRE DE GRACE HARFOR									
11. MANTAL STRUE 12. MAS DECEDENT SET OF THE NEW U.S	Maryland 106. COUNTY		10c. CITY, TO	Jarrett	sville		LIMITS 1 YES			
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Nelson Oliver Merryman Sarah Alice Gemmil 198. MARLING ADDRESS (Street and Number or Razel Route Number of Ra	7 FATHER'S NAME /First Miridle cett		Housev		NAME OF THE ABOVE		e			
The MAILHIG ADDRESS (Street and Number or Rural Route Number, Cay or Town, Steet, 20 Codes) 2. Kenneth Merryman 2. See Manual Power of Rural Route Number (Cay or Town, Steet, 20 Codes) 2. See Manual Power of Rural Route Number or Rural Route Number (Cay or Town, Steet, 20 Codes) 2. See Manual Power of Rural Route or Rural Route Number or Number or Rural Route Number or Rural Route Number or Rural Route Number or Number Number or Number Number or		iver Mer	rvman				Gemm	111		
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANHER OF DEATH 1 Norming Home 5 Residence 6 Other (Specify) 28. PLACE OF DEATH (Check only one) 27. MANHER OF DEATH 1 Norming Home 5 Residence 6 Other (Specify) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 29. CERTIFIER (Check only one)	Sequentially list conditions, if any, leading to immediate couse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	quentially list conditions, any, leading to immediate use. Entar UNDERLYING USE (Disease or Injury It initiated events DUE TO (OR AS A CONSEQUENCE OF):								
HOSPITAL: 1 YES 2 CERTIFIER (Check only one) HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA Mureling Home 5 Residence 6 Other (Specify) 28c. INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	PART II. Other aignificant condition	a contributing to death bu	t not resulting in th	e underlying ceuse given		PERFORMED?	AVA CO OF	MPLETION OF DEATH?	R TO	
27. MANIER OF DEATH Societies Certiffier Certiffing Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner of the course of the course of the course of the course of the course of the cause(a) and manner of the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) and the cause(a) an	EXAMINER?	HOSPITAL:		Check only one)						
Metersi		26a. DATE OF INJURY	28b, TIME OF	Nursing Home 5 - Residence			JRED			
3 Suicide 4 Homicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28g. CERTIFIER (Check only one) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	town and a collection		INJURY	WORK?						
(Check only One) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basta of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner of the cause (a) and manner of the cause (b) and manner of the cause (c) a	3 Suicide 8 Could not be	26e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, street (y)	factory, office			or Rural Route	Number,		
SUBSTITUTE AND TITLE OF CENTREED	(Check only							d manner aa	atate	
Danter mushorm PUTGGU GISTAV	AND ADDRESS OF DESCON WHAT	notestrop.	TH (ITEM OT G.	DU70	UMBER /	29d. DATE	SIGNED (Mo	gyn, Day, Year 94)	
The same and address of Person who completed cause of Death (ITEM 27) (Type, Print) DOUTE U. MONALU OD DESCRIPTION OF THE OWNER OF SAME ULL 200 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE July Day Day Day Day Day Day Day Day Day Da	DAUTE U	MONAK W	L MD	Compet	E SV	me n	yl?	107	K	

	Dermit		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfit nermit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

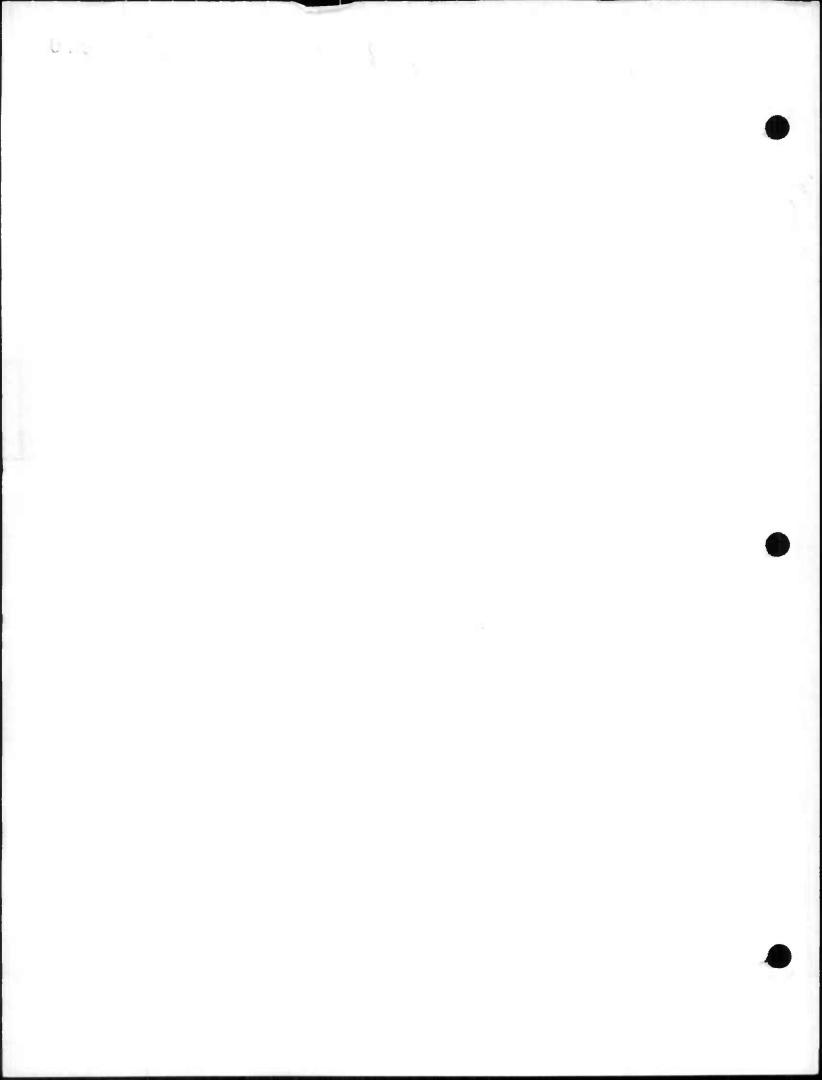
31. DATE FILED (Month, Day,

*94

	FOR_	STATE OF B	AARVIAND /	DEDAG	TMEN'	TOEU	EAITU	AND I	MENTAL HYGIE	.NE		
	1 - STATE REGISTRAR	OINIE OI II	Ci	ERTIF	ICATI	E OF	DEAT	иио г	WENTAL TIGHT REG. 1			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		. TIME OF DEATH		
	JOSEPHINEM	. TOWERS						MONTH ()	01 -	dead	19:16 M	
1		5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					24 HRS.	7. DATE OF BIRTH	8. BIRTHPI	ACE (State or Foreign		
1	216-18-8084	1 □ M 2 M F S YRS. MONTHS D					HOURS MIN. (Month, Day,			4 6		MD
	90. FACILITY NAME (If not institution, give stre	reet end number)				, TOWN O	R LOCATI	ON OF DE			UNTY OF DEA	
8	DORCHESTER GE	NEPAI	HOSPITA	1/	CA	HMB	RID	GE		me	CHES	TER
DIRECTOR	RESIDENCE OF DECEDENT	700 4110						100	40,150			
1 2	10a. STATE 10b. COUNTY		Y, TOWN	OR LOCAT	ION				1	Od. INSIDE CITY LIMITS?		
		ester		Camb	rid	ge,	Mar	yland		1	YES 2 NO	
FUNERAL	100. STREET AND NUMBER	Α					ZIP COD				AT COUNTRY?	
Ü	520 Glenburn	Avenu	le				216	13		U	SA	
	11, MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. AR		13.	WAS DECI	ENDENT C	F HISPAN	IC ORIGIN? (Specify	Yes or No-	14. RACE -	- American Indian, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W						Specify			Specify:	
ED	White											
1 !!	(Specify only highest grade co	mpleted)	(G	ive kind of a	work done	during mos	in st of workir	g	16b. KIND OF I	BUSINESS/IN	DUSTRY	
1 2	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)											
COMPLETI												
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Catherine Holy											
B H	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	Kathryn Daffin 29700 Rabbit Hill Road Easton, Md 21601											21601
	20a, METHOD OF DISPOSITION				_							
	1 Buriel 2 Cremation 3 Remove	al from State	cemetery, cre	matory or o	ther place)				16-11		City or Town	1-0-303
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISFF	Fast	ern						orge	town,	Del.
	22. NAME AND ADDRESS OF FACILITY Framptom-Hakins Eskow, P.A. 216 N. Main Street Federalsburg,											
											burg,Md	
	23. PART I. Enter the diseases, or cor	mplicatione tha	t caused the de	eth. Do r	not enter	tha mod	de of dyl	ng, such	ss cerdiac or res	piratory e	rrest,	Approximate
	snock, or heart tellure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and											
	disease or condition											
	e. DUE TO (OR AS A CONSEQUENCE OF):											
z	Sequentially list conditions b. ASCOD											
CERTIFICATION	Sequentielly list conditions, If sny, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
\ <u>8</u>	CAUSE (Disease or Injury											
H	that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST											
i I	PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL						,				ORMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
									1 YES	2 NO		F DEATH?
											1	YES 2 NO
PHYSICIAN:												
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		Т	OTHER		ACE OF D	EATH (Che	ck only one)			
₹			ER/Outpatient 3		4 🗆 Nun		5 🗆 Re	-	6 Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, De		28b. TIM	URY	28c. INJU WOF	RK?		28d. OESCRIBE HOV	V INJURY OC	CURED	
A	2 Accident Investigation				M		E\$ 2] NO				
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm, s	street, fact	ory, office			261. LOCATION (Street City or Town, Sta	et end Numbe te)	r or Rural Rou	te Number,
Ш												
COMPLET	29e. CERTIFIER (Check only one)	N: To the best of	my knowledge, da	ath occurre	d at the ti	ime, date	end place,	end due t	to the cause(a) end n	nenner ee sta	rted,	
Ó	2 MEDICAL EXAMINER:	On the basis of ex	remination end/or i	nvestigatio	n, in my o	pinlon, de	ath occur	ed at the t	time, data end place,	end due to t	he ceuse(a) a	nd manner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	491		/			29c. LICE	NSE NUM	BER	29d, DAT	TE SIGNEO (M	onth, Day, Year)
9 0	Mike	u	que	V .	W.	5	T	22	IUMBER 29d. DATE SIGNEO (Month, Day, Year)			

32. REGISTAR'S SIGNATURE
Sulla Davidson-Rando DO

CAMPR DEFIND ON



(Z)	
Least of the last	Ü	~	Pages	
3	e = 42	الداردي	ermit.	Ma
	BALTIMORE, MARYLAND 21215-0020) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit period. The property of the funeral director, page 5 should be state bear. of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND I		YGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF	DEATH		3. TIME OF DEATH	
	UNDINE			/re	nt	Jun	DAY	1994	7:20 pM	
	4. SOCIAL SECURITY NUMBER	S. SEX 8. AGE (In yrs		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIR	THPLACE (State or Foreign	
	223-92-3515 9a. FACILITY NAME (If not institution, give stree	M 2 K F 88	YRS.	MONTHS DAYS HOURS MIN. (MONTH, Day, Year) 10/18/05 9b. CITY, TOWN OR LOCATION OF DEATH 9c. (uth Carolina	
TOR	PENINSULA REGIONA			SALIS					OMICO	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Virginia Accor	mack		TOWN OR LOCAT	ION		17		10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
AL	10e. STREET AND NUMBER				ZIP CODE		0g. CITIZEN OF	WHAT COUNTRY?		
IER	235144 Leslie Tre	nt Rd.		23421			USA			
5		2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2			ENDENT OF HISPAN			No - 14. RA	CE — American Indian,	
ВУ	1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specify		n, etc.)	1	ick, write, etc.	
	15. DECEDENT'S EDUCAT	rion I a		1					Black	
ITE	(Specify only highest grade co-	mpleted)	(Give kind of wor life. Do NOT use	rk done durina mo:	ON st of working	16b. KJI	ND OF BUSIN	ESS/INDUSTRY		
2	Elementary/Secondery (0-12)	College (1-4 or 5 +)		,			Cabaa	1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Teach	er	40. 1407117010 111		Schoo.			
	Henry Burnette			18. MOTHER'S NA			name)			
BE	19e. INFORMANT'S NAME (Type/Print)	10h MAII ING A	DDBESS /Street a	nd Number or Rural I	nknown		75 0 11			
2	Gene Trent			Box 11				301		
	20e. METHOD OF DISPOSITION	20h PI	ACE AND DATE OF			mac, V		ION — City or	Town Casts	
	1 Remove 4 Donetion 6 Other (Specify)	emetery	DATE	1	ksley,					
- 9	21. SIGNATURE OF EMBRAL SERVICE LICEN	SEE, //	ms Hech		ID ADDRESS OF FA	CILITY	_ rar	csiey,	VA	
	DATA6111			C.C.	Humbles	Funer	al Se	rvice		
_	22 PART I FOUND IN			P.O.	Box 176	Acco	mac. V	ZA 233		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition									
	disease or condition resulting in death) a. Veritority Due to (or As a consequence of):								2 Oceys	
	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
O	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):									
AT	If any, leading to immediate cause. Enter UNDERLYING									
임	CAUSE (Disease or Injury									
CERTIFICATION	that Initiated events resulting in death) LAST									
	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY FINDINGS									
Ä	Right hip	contributing to deeth but n	not resulting in	the underlying	ceuse given in	Part i. 24	a. WAS AN AU PERFORME		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
6	Kight hip	Tracture -	1992			11	□ YES 2 5	NO	COMPLETION OF CAUSE DF DEATH?	
ME						_ !	(1 TYES 2 NO	
PHYSICIAN: MEDIC										
2		IOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
ΥS		Nonpetient 2 - ER/Outpetier	nt 3 🗆 DOA 4	☐ Nursing Home	5 🗆 Residence	6 C Other (S)	pecify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME (Y WO	RK?	28d. DESCRI	BE HOW INJU	JRY OCCURED		
B	2 Accident Investigation				ES 2 NO					
COMPLETED	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route City or Town, State)							Poute Number,		
٦	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the time date and size and day to the supplying Physician:									
Ž I	1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(a) and menner as stated.								(s) end menner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM							
H	Dail C. Volumen	8	2		B /89 4					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type P	rint)	00 410	J				
	David C. Kerric	gan, UD, 5	Go Riv	essible	Dr. Se	ite A:	206/	Salish.	ery, MD	
	JUN 13 1994	32 REGISTRAR'S SIGNATUR	ardall							

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

rrest at

t once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e detached for use as the burial-transit of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trafficit be filled within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.
the hospital or attending physicial	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physicials
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARY

A Paracetta

4. BOCAL SECURITY NUMBER 4. BOCAL SECURITY NUMBER 5. BOCAL SECURITY NUMBER 5. BOCAL SECURITY NUMBER 5. BOCAL SECURITY NUMBER 5. ADD OF THE STATE	Orge Inside city Limits? YES 2 3 NO COUNTRY?
227-28-1346 1	nia orge inside city Limits? YES 2 No country? merican Indian, e, etc.
Marinor Nursing Home Residence of Discoepert Waryland Prince George Iso, STATE 190, COUNTY Maryland Prince George Iso, COUNTY Maryland Prince George Iso, COUNTY Maryland Prince George Iso, COUNTY Maryland Prince George Iso, COUNTY Maryland Prince George Iso, COUNTY Maryland Prince George Iso, COUNTY Iso,	INSIDE CITY LIMITS? YES 2 ANO COUNTRY? nericen Indian, e, etc.
10. STATE 10. COUNTY 10.	YES 2 NO COUNTRY?
1. NATITED STATE STATUS 1. NATITED STATUS 1. NA	nerican Indian, a, atc.
Newwork Married 2 Married PORCES? 1 YES COUNTY YES YES COUNTY YES Y	
St. DECEDENT'S EDUCATION Stephology (highed parks compiled) St. DECEDENT'S USUAL OCCUPATION Give kind of work down during most of working St. Deceded working St. De	
18. MOTHER'S NAME (First, Middle, Lest) Delbert Jervis 18. MOTHER'S NAME (First, Middle, Malder Surname) Ada Stid	
Delbert Jervis Ada Stidl 196. BMFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town. State, Zip Code) MS. Linda I., Hickman 206. PLACE AND DATE of DISPOSITION (Name of Removal from State) AD DATE 206. DATE	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) MS. Linda I. Hickman 20b. METHOD OF DISPOSITION **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 3 Removel from State **Edeutral 2 Cremention 4 Removel from State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Edeutral 2 Cremention 5 DATE 20c. LOCATION - City or Town, State **Ede	ham
MS. Linda I. Hickman 7625 Stony Creek In. Ellicott City, MD 2: 206. METHOD OF DISPOSITION NET gurief 2 cremetton 3 care and a consequence of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of control piece of the conditions of the c	LICHI
Crestlawn Mem. Gdns. 5-13-94 Marriottsville	eta
ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death	
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EXAMINER? 1 YES 2 - NO 27. MANNER OF DEATH 28. DATE OF INJURY (Morth) Day Wher) Morth Day Wher) 28. TIME OF DEATH 28. DATE OF INJURY 2 28b. TIME OF MORKY 2 28b. TIME OF MORKY 2 28b. DESCRIBE NOW INJURY OCCURED (MORK)	AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
1 Pres 2 NO 1 Propertient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 28. TIME OF 28c. INJURY AT WORK? 28. DATE OF INJURY OCCURED WORK?	
27. MANNER OF DEATH 286. DATE OF INJURY (Morth, Day Year) (Morth, Day Year) (Morth, Day Year) (Morth, Day Year) (Morth, Day Year) (Morth, Day Year)	
1 Notified 5 Pending (Month, Day, real) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO	
3 Suicide 4 Homicide 8 Could not be determined 288. PLACE OF INJURY — At home, farm, stree1, factory, office building, etc. (Specify) 288. PLACE OF INJURY — At home, farm, stree1, factory, office City or Town, State)	
29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.	'umber,
296. SIGNATURE AND TITLE OF CERTIFIER AND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) 29d. DATE SIGNED (Month)	
ANDREW KUNDART, M.D 8317 CHERRY LANCE, MD 2	manner as stated
31. DATE FILED MONT 1004 1994 32. REUSTRAY'S SIGNATURE Jalia d'Audison Ravielle	manner aa stated

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		HEGIOTHAN				OLITTI.	IOAII		שבח			HEG. NO.			
		1. DECEDENT'S NAME (First,		Leah		10	me	,			2. DATE C	e /	5 199	YEAR 3.	1:35A. M
		4. SOCIAL SECURITY NUME 216-12-8368		5. SEX 1 M 2 K	6. AGE (In yrs 72	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS, MIN,	7. DATE O (Month,	F BIRTH Day, Year) 9, 19		Country)	CE (State or Foreign
3 should	E E	9a. FACILITY NAME (If not in	1 In A	morine	1 40	· Fa	9b. CITY	/	OR LOCATION	/ _				Y OF DEAT	
1. 2,	5	RESIDENCE OF DEC	EDENT		1. 710	1114		HUF	10 4	001	MAC		177	KTUA	70/
7	DIRECTOR	Maryland	10b. COUNTY	Ceci]	L	10c, CI	ry, town (OR LOCAT		t Der	posit				I. INSIDE CITY LIMITS? YES XX NO
	FUNERAL	100. STREET AND NUMBER 118 Craigtown Road					101. ZIP CODE 21904								COUNTRY?
5-5-1	S I	11. MARITAL STATUS	JW11 1100	12. WAS OECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC			IIC ORIGIN?	(Specify Yea		J.S.A.	American Indian,
5-0d20 nding physic is the bujus	B₹	1 Never Married 2 Married FORCES? 1 YES 2 3 Wildowed 4 Divorced FYES, GIVE WAR OR DATE:						If yea, sp	ecify Cuba 2 NO	in, Maxicar	n, Puarto Ri	can, atc.)		Black, Wi Specify:	White
2 4 8	8	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	oleted) (Give kind of work done during most of worki				ON ost of working	ng		KIND OF BUS			
ND 21 hospital or ached for u	COMPLET	Twelve Years		College (1-4 or 5	College (1-4 or 5+) Se.		mploy Opera	red ator				aigtov rt Dep			
YLAND by the hospit be detached at once.	00	17. FATHER'S NAME (First, M		1.				NIII-C-C	16. MOTI			ddle, Maiden			
	BE														
	2	Samuel R. 7	ome,	Jr.		118 C	raigt	own	Roac			eposit	, Mar	yland	1 21904
e 6 ma rector, p		28e METHOD OF DISPOSIT 1 A Burlel 2 Crematic 4 Donation 5 Other	n 3 Rame (Specify)		20b. PLA cemetery. AS	ce and date crematory or DULY	other place) Ceme t	ery		6	DATE 5/13/9		cation—ci		Maryland
		21. SIGNATURE OF FUNERA	L SERVICE LIC	O .	DL, 5	· .	Le	e A		ters		Son F	unera	1 Hon	ne
ours after filled in by the form or remova the medical		23. PART i. Enter the di shock, or h iMMEDIATE CAUSE (Fir disease or condition	eart fellure.	complications the List only one cau	t ceused the	deeth. Do	not enter	the mo	de of dy	ing, auch	h ea cardi	ac or reepl	ratory arre	nt,	Approximate interval Between Onset end Death
68760, ecuted with and completely fille burial, cremation, atic event, the		resulting in death)		DUE TO Str	or as a con	SEOUENCE C	OF):		St	7					
8 " O F	ATION	Sequentielly list conditi if any, leading to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A COM	BEOUENCE C)F):	n	000	m					
O. B ertificat ng phy giene p	CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa reaulting in deeth) LAST													
Tend the tal H	CER	d													
CORI	EDICAL								MED?	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO				
aw request been spt. of the state of the sta	N.										_				
OF VITAL RE PHYSICIAN: The law requ this certificate has been with the State Dept. of it ked, or item 23 sho	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Che	eck only one)			
CLAN:	1YS	1 YES 2 ANO		1 Dispatient 2 26s. OATE OF		t 3 □ 00A	4 🗆 Nur	alng Hom		sidence	6 Other				
ON OF DING PHYS After this of death with	ву РНУ	1 Netural 5	Pending Investigation	(Month, D	lay, Year)	IN	JURY M	1 🗌	IURY AT ORK? YES 2] NO	28d. DESC	RIBE HOW II	NJURY OCCU	RED	
TSIC TTENDI TOR: A after d	TED		Could not be datarmined	26a, PLACE O building,	FINJURY A atc. (Specify)	t home, farm,	street, faci	ory, offic	a		261. LOCA City or	TION (Street a Town, State)	nd Number o	Rural Route	Number,
DIV PITAL OR A ERAL DIREC In 72 hours T: 11 item	COMPLE	ane)		CIAN: To the best of R: On the basis of e											d manner as stated.
E FUN Within		296. SKENATURE AND TITLE		1						ENSE NUM					nth, Day, Year)
TO THE HOSPITAL (TO THE FUNERAL C be filed within 72 in IMPORTANT: If It	TO BE	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU		ITEM 27) (Tvp	e. Print)		D/	590	94		× 6/	10/9	14
		LETTOM	5, 6	BLVE Z	, n.	D. 62		uth	Unio	n Av	enue,	Havr	e de (Grace	, MD 21078
		31. DATE FILED (Month, Day,	14		A day A										
•				U											DHMH-16 Ray 1/89

6. * at = 11

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Mary

BALTIMORE, MARYLAND 21215-0020

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GTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the biting		0000
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Dalton	Cherokee	WOODS		2. DATE OF DEATH	AY YEAR	3. TIME OF OEATN		
		SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign		
	218-39-2936 1) 9s. FACILITY NAME (If not Institution, give street	M 2 □ F 0		9 1		Sep.14,1	993 Mar	yland		
R	Univ.of MD Hospital				TIMORE	EATN	9c. COUNTY OF	DEATN		
בל	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I so orth	TOWN OR LOCAT						
DIRECTOR		ngton		edysvil				10d. INSIDE CITY LIMITS? t YES 2 X NO		
ALI	toe. STREET AND NUMBER		1 110		ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	3409 Chestnut Grov			2175	56	USA	4			
BY FUI	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ABMED 2 MNO ATES	If yes, sp		NIC ORIGIN? (Specify Ye in, Puarto Rican, atc.) y:	a or No— 14. RAC Blac Spec	E — American Indian, ik, White, etc. ""Y": White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON pleted)	16a. DECEDENT'S U	ork done during mo	IN st of working	t6b. KIND OF BU	SINESS/INDUSTRY			
PLE	Elementary/Secondary (0-12) Co	Ollege (1-4 or 5+)	ille. Do NOT use	retired.)			na			
NO.	17. FATHER'S NAME (First, Middle, Lest)	-	110		18. MOTHER'S NA	ME (First, Middle, Meiden	Na Surname)			
BEC	Michael	Edward	Woods		Shaw	vnee Re	ene Sta	arliper		
ဥ	tea. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	Shawnee R.Starliper					Rd.Keedys				
	20s. METNOD OF DISPOSITION DATE									
	21. SIGNATURE OF FUNERAL SERVICE LICENS	7		22. NAME AN	NE FUNER	CILITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1110/PT/11ULA	-				William:	sport.MD	21795		
	23. PART I. Enter the diseases, or com- shock, or heart failure. List	plications that ceused only one cause on a	the death. Do no	t anter the mo	da of dying, suc	h ae cerdiac or reep	iratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) SEVERE AREALA DUE TO (OR AS A CONSCOUENCE OF):									
NO N	Sequentially list conditions, Due to (or as a consequence of):									
EA	If any, leading to immediate									
Ĕ	CAUSE (Disease or Injury that Initiated avents CAUSE (DISEASE OF INSTAL HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST	LIVE	2 AKTE	MOVEN	ous M	ALFORMA	TION	9 No		
AL	PART II. Other significant conditions co	-				PERFO		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
	HEART FAILUR	any Hypen	LIENS 10 A	r, Carri	GESTIVE	1 🗆 YES :	2 🗆 NO	OF DEATH?		
Σ.	DID TOBACCO USE CO		SYNONE CAUSE OF		ES [] NO	- the		1 TES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch					
YSIC	1 YES 2 NO 1	OSPITAL: Inpatient 2 - ER/Outp	atient 3 DOA		5 Residence	8 Other (Specify)				
- 1	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCRIBE HOW	INJURY OCCURED			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, at		M t YES 2 NO et, factory, offica 261. LOCATION (Street and Number or Rural			Route Number,		
Ī	4 Nomicide datarmined	building, atc. (Spec	пу)			City or Town, State)			
IPLE		: To the bast of my knowl								
COMPLETED	one) 2 MEDICAL EXAMINER: O	n the basis of examination	and/or investigation	, in my opinion, d	nath occured at the	time, date and place, a	nd dua to the cause	s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF SERTIFIER	0	110		29c. LICENSE NUI	MBER 7	29d. DATE SIGNE	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	TH (ITEM 27) (Type. I	Print)	044	1010	0-1	2-44		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MICHAEL P CARBONI MO ZZ S. GREENE ST N5W54 PANO 20201									
	31. DATE FILED (Month, Day, Year)	32. REGISTIAR'S SIGN	ATURE				10	,		
	JUN 1 6 1994									

Ale I de

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23

	•			•							
									91	,	8975
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND	/ DEPAR	TMENT O	F HEALTH	AND MEN	ITAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Li	st)						DATE OF DEATH	170		TIME OF DEATH
	Charles	Robert		1	WINCHE	LL		une 11		YEAR	6:55 p m
	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS. 7. C	ATE OF BIRTH		B. BIRTHPL	ACE (State or Foreign
	480-09-6384	1 1 M 2 □ F	77	YRS.	MONTHS DA	NYS HOURS	MIN.	2/27/1	7	Country)	esota
	9a. FACILITY NAME (If not institution, g	ve street end number)			9b. CITY, TO	WN OR LOCATIO				TY OF DEAT	
DIRECTOR	Franklin Squar	e Hospital	Cente	r	Ba	ltimore	9	· · · · · · · · · · · · · · · · · · ·	Balti	more	County
	10a. STATE 10b. COL	INTY		10c. CIT	Y, TOWN OR L	OCATION				10	Id. INSIDE CITY
	Maryland	Harford		Į.	Aberde	en				1	YES 2 NO
AL	10s. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
FUNERA	620 Rowe Drive 21001 U.S.A										
S	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS	DECENDENT O	F HISPANIC OI	RIGIN? (Specify 1		I4. RACE -	- American Indian.
	1 Never Married 2 Merried	FORCES? 1 5		NO	If ye	s, specify Cuba YES 2X NO	n, Mexican, Pu			Black, V Specify:	Vhite, atc.
ВУ	3 Widowed 4 Divorced	WW II				120 220 110	орвону.			Whi	ite
ED	15. DECEDENT'S (Specify only highest g	DUCATION			USUAL OCCU			16b. KIND OF E	BUSINESS/INDU		
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of works life. Do NOT use retired.)			vorking				
7	12	ce		U.S.	Govern	ment					
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAME (F	irst, Middle, Mald	en Sumame)		
BE C	Giles C. Winch	ell				V	Vilhem:	ina Mah	nke		
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS (St	reet and Number	or Rural Route	Number, City or T	own, State, Zip (Code)	
5	Mrs. Nina Winc	hell		620	Rowe :	Drive,	Aberde	een, Ma	ryland	210	001
	20e. METHOO OF DISPOSITION 1X Buriel 2 Cremeiton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery 6/15 Arlington, State Arlington National Cemetery 6/15 Arlington, Virginia										
	4 Donation 5 Other (Specify)		Arli	ngton	Natio	nal Cer	netery	6/15 Ar	lingto	n, Vi	irginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring—Cargo Funeral Home, P.A.										
	Aberdeen, Maryland 21001-3399										
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.										
	disease or condition reaulting in death)	Sepsis									
	, , , , , , , , , , , , , , , , , , , ,	DUE TO (C	OR AS A CONS	EOUENCE OF	F):						1
z		- Pneumoni	ia								
IFICATION	Sequantially list conditions, if any, leading to immediate	OUE TO (C	R AS A CONS	EOUENCE OF	7:						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
	that initiated events	DUE TO (C	R AS A CONS	EOUENCE OF	7:						
CERT	resulting in death) LAST	d									
	PART II, Other aignificant condi	llone contributing to d	eeth but no	t resulting i	n the under	dulan sausa -	due le Des	1			
\delta	Hepatitis	iona continuating to d	eath but no	i resulting i	ii tria undei	nying cause g	ivan in Part	PERF	AN AUTOPSY ORMEO?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDICAL	Hopacitor				-			1 🗆 YES	2X NO		OMPLETION OF CAUSE F DEATH?
M										1	YES 2 NO
Ä	of Was 0405 DECEMBER 1										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF D	EATH (Check or	nly one)			
2	1 TYES 2X NO	1 🕰 Inpatient 2 🗆 I			4 - Nursing	Home 5 Re					
4	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day)	YURY (Year)	28b. TIM	E OF 28	WORK?	28d	. DESCRIBE HOV	W INJURY OCCU	JREO	

5 Pending Investigation

8 Could not be determined

28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d. OATE SIGNED, (Month, Day, Year) 6/11/

94

М 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attack. 2 MEDICAL EXAMINER: On the basis of axi mination and/or investigation, in my opinion, death occured at the time, date end placa, end due to the ceuse(e) end menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER N/A

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Dr. Balto, Md. 21237 Scott Brun MD.

31, DATE FILED (Month, Day, Year) JUN 1 4 1994

1 Netural
2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

BE

2

32. REGISTRAR'S SIGNATURE Julia Davidson Randall

DHMH-16 Rev 1/89

Amended Item #4 6/13/94 WCHD mpt Amended Item #15&20B WCHD 6/13/94 mpt STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CEF	RTIFICATE	OF DEATH	REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
Leroy Winfield	W	ashino	tool	MONTH DA	994	1315 M					
4. SOCIAL SECURITY NUMBER 314-28-8770 5. SEX				7. DATE OF BIRTH		IPLACE (State or Foreign					
		YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	Countr	y)					
9e. FACILITY NAME (if not institution, give street end	0.1			Dec. 3 19		yland					
	*		TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF D						
PENINSULA REGIONAL I	MEDICAL CENTER	S	ALISBURY		WICOMI	CO					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY											
E INC. SIAIE	1.5	10c. CITY, TOWN O				10d. INSIDE CITY LIMITS?					
Maryland Wicomic	0	Salish	oury			1 YES 2 NO					
100. STREET AND NUMBER 1207 West Road 11. MARITAL STATUS 1 \(\tag{Polymerated} \) Never Merried 2 \(\text{Merried} \) Merried			101. ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?					
1207 West Road			21801		U.S.A						
5 11. MARITAL STATUS 12. WA	S DECEDENT EYER IN U.S. ARME		AS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yee	or No- 14, RACE	- American Indian,					
1 Never Merried 2 Merried FOI	RCES? 1 YES 2 NO YES, GIVE WAR OR DATES	11	yes, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	Black	t, White, etc.					
3 Widowed 4 Divorced	KUREAN	1 '	TES 2 DO NO Specin	<i>f</i> .	Speci	,					
15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg 12 Colleg 17. FATHER'S NAME (First, Middle, Last)	16a, DECE	DENT'S USUAL OC	CUPATION	16b. KIND OF BUS	INESS/INDUSTRY	Black					
(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	ed) (Give	kind of work done do NOT use retired.)	uring most of working	1,7120000 7120							
12	ge (1-4 or 5+)	eacher		Non	0						
17, FATHER'S NAME (First, Middle, Lest)	, , ,	eacher									
O 17, PATHER'S NAME (PIRST, MIDDIN, Last)				ME (First, Middle, Melden							
Clifford Ray Wash	ington		Bertha	Lee Das	hiell						
190. INFORMANT'S NAME (Type/Print)	19b. F	MAILING ADDRESS	(Street end Number or Rural)	Route Number, City or Town	, State, Zip Code)						
Arintha M. Washing	ton 12	07 West	Rd.Salis	bury Md.	21801						
200, METHOD OF DISPOSITION		DDATE OF DISPOSI	IION/Name of	DATE 20c. LQ	CATION - City or To	wn, State					
1 Buriel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	m State cemetery, creme	tory or other plece) (TION (Name of Acres Me Fardens Par	n G/m Sal	sbury ron, Md.						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Sprin	gni	IAME AND ADDRESS OF FA	CILITY HOD	Eon-Ma.						
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	h - h	CI	inton F.St	ewart Fu	neral H	lome					
Madyo B. D	Lewart	02	West Rd.	Calichur	w MD 21	801					
23. PART I. Enter the diseases, or complic	etions that caused the deat	h. Do not enter	the mode of dying, auc	h as cerdiac or reapi	ratory erreat,	Approximate					
ahock, or heart fallure. List onl	ly one cause on each line.		200000000000000000000000000000000000000			interval Between					
IMMEDIATE CAUSE (Fine) disease or condition Once and Death											
resulting in death) - a. Illasia Corbin Com Occasió / Male Leg											
DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions. The Algorithm Consider Occasion Start											
Sequentially list conditions, If any, leading to immediate											
CAUSE (Disease or Injury	cause. Enter UNDERLYING										
that initiated events											
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	resulting in death) LAST										
	d.										
PART II. Other significant conditions contr	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS PERFORMED? ANILABLE PRIOR TO										
PART II. Other significant conditions control				1 YES 2		COMPLETION OF CAUSE					
MED.					~	OF DEATH?					
≥				—		1 NES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSE 1 PER 2 PART 1 PER 2 PART 1 PER 2 PART 1 PER 2 PART 1 PER 2											
EXAMINER? HOSE	PLIALT	OTHER	28. PLACE OF DEATH (Ch	eck only one)							
1 YES 2 AND	pstient 2 ER/Outpatient 3		ing Home 5 - Residence	8 Other (Specify)							
27. MANNER OF DEATH	Be. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW II	JURY OCCURED						
Transfer 5 Pending		M	1 YES 2 NO								
2 0.444	2 Accident and Muma Street fectory, office 28f. LOCATION (Street and Num.)										
4 Homicide determined	Duliding, stc. (Specify)										
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To One) 2 MEDICAL EXAMINER: On the		_									
(Check only one)	the best of my knowledge, death	occurred at the tir	ne, date end place, end due	to the ceuse(e) end man	ner ee stated.						
2 MEDICAL EXAMINER: On the	e basis of exemination end/or investigation	eatigation, in my op	elnion, death occured at the	tima, date end place, en	d due to the couse(e) end manner ee stated.					
	12		29c. LICENSE NUI	IRFR	29d. DATE SIGNED	(Month Day Year)					
	RX	- n. M	D 020	1.15.5	D (//	/					
30. NAME AND ADDRESS OF PERSON WHO COMPI	ETED CAUGE OF DECISION		200	~~	- 4/11	174					
+ 6 5 6			61 4 6	0 0		/					
Drozveen, 6hn, 4		cast.	Street Sa	v. md. à	1/80/						
	. REGISTRAR'S SIGNATURE	4 .4									
JUN 13 1994 G	Talia Davidson Rand	Call.									

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Dours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traject be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit emman.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or remonal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPART			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las	()				2. DATE OF DEATH		3. TIME OF DEATH	
	JENNIE	LEE	w;	1Kins		JUNEO GO 1	994 Y	EAR 12 58	M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreig	חק
	215-26-5496	1 - M 2 12 F	3 YRS.	ONTHS DAYS	HOURS MIN.	October 27,		Country) Maryland	
	9a. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY		\neg
DIRECTOR	PENINSULA REGIO	ONAL MEDICAL	CENTER	SALIS	BURY		WIC	OMICO	
<u> </u>	10a. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY	\dashv
등	Maryland W	icomico	S	alisbur	у			LIMITS?	,
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	
뜐	1300 Whittier	Dr.			21801		U	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14	RACE — American Indian, Black, White, etc.	
BY	1 Never Married 2 XMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 XNO Specif			Specify:	
	15. DECEDENT'S ED	NICATION		<u> </u>				White	
E	(Specify only highest gra	de completed)	16a. DECEDENT'S US (Give kind of wor	SUAL OCCUPATIOn to do do do do do do do do do do do do do	N st of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Develor			Real	Estate		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1		16. MOTHER'S NA	ME (First, Middle, Maiden			-
	John Warner I	Rippons					ford		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)	
٩	Ernest Wilkins		1300 V	Whittie	Dr., S	alisbury,	MD 218	01	
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	20	b. PLACE AND DATE OF	DISPOSITION (Ne	me of	DATE 20c. LO	CATION — City	y or Town, State	
	4 Donation 5 Dother (Spicity)	Š	metery, cremetory or othe pringhill Me	mory Gard	lens	6/10	Hebro	n, MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE]		22. NAME AN	D ADDRESS OF FA	eral Home			
	· MOM	lollo,	ul				íshurv	, MD 21801	
	23. PART I. Enter the diseases, o	r complications that cause	d the death. Do not						
	IMMEDIATE CAUSE (Final	e. List Dniy Dne cause Dn	anch-fine.					interval Bety Onset and D	
	disease or condition resulting in death)	a. Ventricolor AS	Arbor Olice	den 1	a advan	com a	1		
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):			0			
Z	Sequentially list conditions,	b. WITH DOWN AS	cantine or	ter s	mil	V Remel	forte		
Ĕ	if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	Au .)		0		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a done to I	A CONSEQUENCE OF	porpore	7 -				
E	that initiated events resulting in deeth) LAST	DUE TO (OH AS	A CONSEQUENCE OF)	, ,					
CERTIFICATION		d						İ	
AL	PART ii. Other significent conditi	ons contributing to death	but not resulting in	the undariying	ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO	NGS
20	- answer	- Hyperto	mi - Di	aboli,	Kitnopal	2. 1 □ YES 2		COMPLETION OF CAU	SE
ME		01						1 TES 2 NO	
PHYSICIAN: MEDIC									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 NO	1 Inpatient 2 ER/Out		OTHER:	s 5 🗆 Residenca	8 Other (Specify)			
F	27. MANNER OF DEATH 1 💢 Natural 5 🗌 Pending	(Month, Day, Year)	28b. TIME		URY AT RK?	28d. DESCRIBE HOW I	NJURY OCCUP	RED	
B	2 Accident Investigation				ES 2 NO				
	3 Suicide 8 Could not b	building, etc. (Spe	Y — At home, ferm, streecify)	eet, factory, office		281. LOCATION (Street a City or Town, State)		Rural Route Number,	- 1
E	AN ACTIVISION A								_
COMPLETED		/SICIAN: To the best of my know							
00		NER: On the beels of exemination	on end/or investigation,	In my opinion, d	eath occured at the	time, data end place, an	d due to the c	euse(s) and manner es state	id.
BE	29b. SIGNATURE AND TITLE OF CERTIF		w,		29c. LICENSE NU		29d, DATE S	IONED (Month, Day, Year)	
2	20 NAME AND ADDRESS OF DESCRIPTION				D151	7 4	P 0/	6/44	
-	30. NAME AND ADDRESS OF PERSON V		EATH (ITEM 27) (Type, P	nnt)					
	31. DATE FILED (Marin Day Year)	32. REGISTRARIS SIG	NATURE -						
		194 July Dave	Gor Rarbell						

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1 - FOR STATE REGISTRAR		STATE OF						MENTA		_			
		1	S						OF DEATH		WE45	3. TIME OF DE	ATH
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					IF UNDE	DAYS	IF UNDER 24 HRS.	(Mont	h Day March		Countr	v)	_
			30	YRS.				Jan.	. 5, 1	-	Was	hingtor	1 DC
		,	ator			-		EATH					
RESIDENCE OF D	ECEDENT	icai cei	ILCI			шиа	ports			AIII	le AI	unaeı	
		- 0			,		TION					10d. INSIDE CIT	Υ
		e George	25	AC	luaso								
		ns Road				10		na		10g. CfT		VHAT COUNTRY?	
11. MARITAL STATUS	T	12. WAS DECEDER			13.	WAS DEC			17 (Specify Ye	s or No-	14. BACE	- American Inc	llan
	_	IF YES, GIVE	WAR OR DATES	NO	- 1	If yes, sp	ecify Cuban, Mexico	en, Puerto	Rican, atc.)		Black	, White, atc.	
											Whi	*	
(Specify	only highest grade o	completed)		(Give kind of s	work done	during me	ON ost of working	16b	. KIND OF BU	SINESS/INI	DUSTRY		
12	(0-12)			Truck	Driv	<i>r</i> er			Trans	porta	tion	L	
17. FATHER'S NAME (First	Middle, Last)						16. MOTHER'S NA	ME (First, i					
							Pearle	e E.	Baker				
								-		_			
1X Buriel 2 Creme	tion 3 🗆 Remo	val from State	cametery.	crematory er o	ther place	SITION (NE	neterv	1			-		
21. SIGNATURE OF SING	AL SERVICE LICE	709	1		22.	NAME A	ND ADDRESS OF FA	CILITY		10,000	A 11		
▶ Ben	amin Ma	tthowe	0										
23. PART I. Enter the	diseases, or co	omplications the	at caused tha	deeth. Do r	ot antai	r the mo	de of dylng, suc	h ss care	lec or reap	Iratory an	.2060 reet,		nste
IMMEDIATE CAUSE (Final	let only ona ce	use on each l	Ina.									
disesse or condition resulting in death)	\rightarrow .	arter	ioscle	eroti	c c	ardı	uivascu	lar	dise	ase			
		DUE TO	(OR AS A CON	SEQUENCE OF	F):								
		DUE TO	(OR AS A CON	SEQUENCE OF	n:								
cause. Enter UNDER	YING											į	
that initiated events	,,	DUE TO	(OR AS A CONS	SEQUENCE OF	ŋ:								
resoluting in dealth) L	d.											_	
PART II. Other eignifi	cant conditions	contributing to	daath but no	t reculting i	n the u	nderlyln	g ceuse given in	Part I.			24b.		
aorti	c valv	e dysf	unctio	on								COMPLETION OF	
										1			NO
EXAMINER?					OTHE		ACE OF DEATH (Ch	eck only on	e)				
27. MANNER OF DEATH		-		23						N HIPV OO	OURER		
				INJ	URY M	WO	RK?	200. DES	CRIBE HOW I	NJUHT OC	COMED		
2 Culate		26e. PLACE C	F INJURY — AI	homa, farm, s	treet, fac			28f. LOC	ATION (Street	and Number	or Rural R	oute Number,	
4 Homicide	determined	Dallang.	аны (эроспу)					City	or Town, State)				
													-
one) 2 M	DICAL EXAMINER	On the basis of a	xamination and/	or investigatio	n, in my o	opinion, d	eath occured at the	lime, deta	end piece, en	d dua to th	e cause(a)	and manner ea	stated.
29b. SIGNATURE AND TIT	LE OF CERTIFIER												
///	OF PERSON WHO			The			D1854	5		•	June	13,19	994
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (F 4. SOCIAL SECURITY NU 220-40-721 90. FACILITY NAME (II NO ANNE ARUT RESIDENCE OF D 100. STATE MARY LAND 100. STREET AND NUMB 16200 St. 11. MARITAL STATUS 1 Never Married (2) 3 Widowed 4 D 15. D 15. D 16. D 17. FATHER'S NAME (First. JOHN Neale 12 17. FATHER'S NAME (First. JOHN Neale 190. INFORMANT'S NAME SUSAN C. W 200. METHOD OF DISPOS 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 2 Crema 1X Burlai 3 Crema 1X Burlai 3 Crema 1X Burlai 3 Complete 1X Burlai 3 Complete 1X Burlai 3 Complete 1X Burlai 3 Complete 1X Burlai 4 Complete 1X Burlai 5 Complete 1X Burlai 5 Complete 1X Burlai 6 Complete 1X Burlai 6 Complete 1X Burlai 7 Complete 1X Burlai 7 Complete 1X Burlai 7 Complete 1X Burlai 8 Complete 1X Burlai 8 Complete 1X Burlai 9 Complete	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Gerald 4. SOCIAL SECURITY NUMBER 220-40-7213 9a. FACILITY NAME (If not institution, give at Anne Arundel Med RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Princ 10a. STATE 10b. COUNTY Maryland Princ 10b. STREET AND NUMBER 16200 St. Philli 11. MARITAL STATUS 1 Never Merried 200 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of Specify only highest grade of Specify only highest grade of Specify only highest sprace of Specif	1. DECEDENT'S NAME (First, Middle, Lest) Gerald Wilson 4. SOCIAL SECURITY NUMBER 220-40-7213 9a. FACILITY NAME (II not institution, give atreet and number) Anne Arundel Medical Cer RESIDENCE OF DECEDENT 10a. STATE 10a. COUNTY Maryland Prince George 10a. STREET AND NUMBER 16200 St. Phillips Road 11. MARITAL STATUS 1 Nover Married Candidate 11. MARITAL STATUS 1 Nover Married Candidate 12. WAS DECEDENT 10a. STREET AND NUMBER 16200 St. Phillips Road 11. MARITAL STATUS 1 Nover Married Candidate 12. WAS DECEDENT 12. WAS DECEDENT 12. WAS DECEDENT 12. WAS DECEDENT 12. WAS DECEDENT 12. WAS DECEDENT 13. DECEDENT'S EDUCATION (Specify Only hiphest grade completed) Elementary/Secondary (0-12) 12. TATHER'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. INFORMANT'S NAME (First, Middle, Lest) John Neale Wilson 19a. 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SEX SUBJECT STATE SOLUTION NAME (If not institution, give attent and number) 3. STATE SOLUTION NAME (If not institution, give attent and number) 3. STATE SOLUTION NAME (If not institution, give attent and number) 3. STATE SOLUTION NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 4. COLLITY NAME (If not institution, give attent and number) 5. SEX SUBJECT SOLUTION, give attent and number) 5. SEX SUBJECT SOLUTION, give attent and number) 6. SEX SUBJECT SOLUTION, give attent and number) 6. SECRET'S SOLUTION SOLUTION, give attent and number) 7. 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SOCIAL SECURITY NUMBER 2. SOCIAL SECURITY NUMBER 2. SOCIAL SECURITY NUMBER 3. SEX 2. A AGE (in yrz. list birtholy) 3. SEX 2. A AGE (in yrz. list birtholy) 3. SOCIAL SECURITY NUMBER 4. DOLOR DESPOSATION 3. SOCIAL SECURITY NUMBER	1. STATE REGISTRAR 1. DECEDENT'S NAME (First, Michiell, Last)	1. STATE PRODUCTION OF DEATH PREDISTRAN 1. OECEDENT'S NAME (First, Models, Last) Cerald Wilson 4. SOCIAL SECURITY NUMBER 220-40-7213 5. SEX 5. SEX 5. O YES 50 YES	1. STATE 1. DECEMBERS AND COMMENTS 1. DECEMB	1 - STATE CARE OF MARKE (Part, Manda, Lany) 1 - DECEMBERTS HAME (Part, Manda, Lany) 2 - DATE OF BEATH 2 - SOCIAL SECURITY HAMBER 2 - SOCIAL SECURITY HAMBER 2 - SOCIAL SECURITY HAMBER 2 - SOCIAL SECURITY HAMBER 2 - SOCIAL SECURITY HAMBER 2 - SOCIAL SECURITY HAMBER 2 - SOCIAL SECURITY HAMBER 2 - SOCIAL SECURITY HAMBER 3 - SEC	1. 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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1) De. Print)

Road,

32. REGISTRAD'S SIGNATURE
JELLA DRUGLEO ROSCHELL

hill

oxon

6188

Suite 601, 0xon Hill, MD 20745

316.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZM hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be fled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E

1	-	FOR STATE REGISTR	AR
	1. D	ECEDENT'S	NA
я.		7	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	Joseph Adolphus Woerner May 26, 1994 11:45 a M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign
	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)
	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
œ	Section of Sealing
2	Rt 2 Box 82 Oakland Garrett
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY
l E	MD Garrett Oakland
	1 1 12 2 MMO
PA PA	Rt 2 Box 82 US
FUNERAL	
15	1 Never Marriad 2 Marriad FORCES? 1 YES 2 No. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Marriad 2 Marriad Black, White, stc.
B	IF YES, GIVE WAR OR DATES 1 ☐ YES 2√☐,NO Specify: Specify:
	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 160. KIND OF BUSINESS/INDUSTRY
1 🗒 1	(Specify only highest grade completed) (Give killed of work done during most of working life. On NOT use entired.)
12	Elementary/Secondary (0-12) College (1-4 or 5+) Coal Miner Coal
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
	Joseph Francis Woerner Rachel Jane Heath
BE	
2	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Fourte Number, City or Town, State, Zip Code) Rt 2 Box 82 Oakland Md
	20a, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Competagy, segnators) of the place of
	4 Donetton 5 Other (Specify) Cemester Cemestery, eremators or other place) 4 Donetton 5 Other (Specify) Specify)
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY To deep the service of the service
	Elmore-Chambers Funeral Home 217 Win Ave. Mild WV 26836
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	ahock, or heert fellure. Ust only one cause on eech line.
	IMMEDIATE CAUSE (Fine) Onset and Death disease or condition
	resulting in death) a. CVA Due To (OR AS A CONSEQUENCE OF):
	MA7-14 6
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):
¥	if any, leading to immediate cause. Enter UNDERLYING
유	CAUSE (Disease or injury C. DUE TO (OR AS A CONSEQUENCE OF):
E	resulting in death) LAST
	d
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	decubitus ulcer Performed? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
MED	OF DEATH!
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)
%	EXAMMER? HOSPITAL: OTHER:
≚	1 Inpatiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY 288. INTER OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED
	1 Mortical 5 Pending (Month, Day, Year) INJURY WORK?
BY	2 Accident Investigation 3 Suicide Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,
8	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — Al home, farm, afreet, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	20a CESTIFIED
百	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
ő	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Your)
BE	DIT 553 1 Clarles
임	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Thomas G. Johnson 31. N 4th St. Oakland, MD 21550
1	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	31. DATE FUND 29 1994 GEGISTIANS HEAVY WELL

évet, e

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9 1		st)							2. DATE OF	DEATN		YEAR 3.	TIME OF DEATH
			WENDLIN	_							1994		8:49 P.
	4. SOCIAL SECURITY NUMBER 210-40-4900	5. SEX	6. AGE (In yrs. la.	st birthday) YRS.	IF UNDER 1	DAYS	HOURS	MIN.	7. DATE OF (Month, 1) Sept	Day, Year)	194	Country)	CE (State or Foreign
-	9e. FACILITY NAME (If not institution, given		4,-1,-		9b. CITY,	TOWN O	R LOCATIO					Y OF DEAT	
DIRECTOR	1211 Stell M	eadow Plac	ce Apt.	2B		Fred	deric	k			Ŧ	rede	rick
REC	10e. STATE 10b. COU				Y, TOWN OF	LOCAT	ION		-7-1	710		104	I. INSIDE CITY
	Pennsylvania	Dauphin		1	liddl	_							YES 2 NO
FUNERAL	10e. STREET AND NUMBER	n <i>t</i>				10f.	ZIP CODE		ME				COUNTRY?
JNE	506 East Maple	12, WAS DECEDER	NT EVER IN U.S. AI	RMED	13. W	AS DEC		7057	IC ORIGIN?	Specify Vee	Unite		American Indian,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 WAR OR DATES	NO	1 15	yes, spe	ecify Cuber	Specify:	1, Puerto Ric	en, etc.)		Black, W Specify:	White
TED	15. DECEDENT'S E (Specify only highest gr		(0	Bive kind of v	USUAL OCI	CUPATIO	ON st of working	g	16b, K	IND OF BUS	SINESS/INDU	STRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT us	se retired.)				Dho	ne (Compar	111	
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	IER'S NAI	ME (First, Mic			ıy	
BE C	Karl E. Wend	ling							vrbaro				
TO B	19e. INFORMANT'S NAME (Type/Print)							or Rural R	loute Number	City or Town	n, State, Zip C		
F	Deborah M. Wend	ling						Mia			Penna.		
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 R	emoval from Stata	20b. PLACE	AND DATE O	of DISPOSIT	TION (Nai	tas:	,	OATE		CATION - CI		
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Since	risbur	22. N	IAME AN	D ADDRES	SS OF FAC	ALITY C #	W Sm	r Fund	org, I	Marylan Home, P
	· A	, 11-	1	7									ND 2170:
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Selfi	use on each lin	ed (Sur				un(1	ratory srre	st,	Interval Bet
IFICATION	IMMEDIATE CAUSE (Final disesse or condition	a. Self in our to	nflicte	OUENCE OF	Sur Pi:					1	ratory street	st,	Interval Bety
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Self in oue to	O (OR AS A CONSE	OUENCE OF	Sur P:	ish	otl	200	unc	1	ratory street	st,	Interval Bety
MEDICAL	IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	a. Self in oue to	O (OR AS A CONSE	OUENCE OF	Sur P:	ish	otl	200	UNC	1	AUTOPSY IMED?	24b. WE	Interval Bets Onset and C Onset and C Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets
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SICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. Self oue to b. DUE to c. DUE to d	O (OR AS A CONSE	OUENCE OF	F): F): OTHER	derlying	g cause g	Jiven in i	Part I. 2	4a. WAS AN PERFOR	AUTOPSY IMED?	24b. WE	Interval Bety Onset and D RE AUTOPSY FIND NILABLE PRIOR TO MPLETION OF CAU DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of the co	a. Solida oue to b. Due to c. Due to d	O (OR AS A CONSE	OUENCE OF	F): F): OTHER 4 Nursi	26. PL	g cause g	EATN (Chesidence	Part I. 2	4a. WAS AN PERFOR	AUTOPSY IMED?	24b. WE AWG CO DF	Interval Bets Onset and C Onset and C Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets Interval Bets
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient conditions are sufficient conditions. If the conditions is a sequence of the conditions are sufficient	a. SOLUTION OUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF	OTHER OTHER STORY M	28. PL ing Nom 28c. INJ WO 1 V	g cause g	EATN (Chesidence	Part I. 2 Dick only one) B Other (28d. DESCI	4a. WAS AN PERFOR	AUTOPSY IMED? NO NJURY OCCU	24b. WE AM COUNTY IN THE PRED	RE AUTOPSY FIND ILLABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	a. SOLUTION OUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSE O (OR	OUENCE OF	OTHER 4 Nursi E OF FURRY M	26. PL : ing Norm 1	g cause g	EATN (Che sidence	Part I. 2 pick only one) B Other (28d. DESCI 281. LOCAT City or	4a. WAS AN PERFOR I VES 2 Specify) ION (Street a Town, State)	AUTOPSY IMED? INO NJURY OCCU and Number of	24b, WE AMO CO DF 1 [I STATE STATE	YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	a. SOLFTO DUE TO C. DUE TO d	O (OR AS A CONSE O (OR AS A C	OUENCE OF	OTHER 4 Nursi E OF JURY M street, factored at the tiren, in my open.	26. PL : ing Norm 1	g cause g	EATN (Che seldence No end due ed at the	Part I. 2 11 28d. DESCI 28l. LOCAT City or to the cause time, date as	4a. WAS AN PERFOR I VES 2 Specify) ION (Street a Town, State)	AUTOPSY MED? NO NJURY OCCU	24b. WE AWA CO DF 1 [RE AUTOPSY FIND NILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death Last PART II. Other significant conditions in death Last 25. WAS CASE REFERRED TO MEDICAL EXAMINATY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 2 Accident Investigate 3 Suicide 8 Could not determined 29c. CERTIFIER (Check only One) 1 CERTIFYING PHORES	a. SOLUTION DUE TO C. DUE TO d	O (OR AS A CONSE O (OR AS A C	OUENCE OF COUNTY OF COUNTY OF	OTHER 4 Nursi	26. PL::ing Normal 28c. INJI WO 1 D IV Office Indiana.	D Cause g	EATN (Che eldence of at the estate of the control of the estate of the e	Part I. 2 Part I. 2 Beck only one) B Other (City or to the cause time, date as time	4e. WAS AN PERFOR YES 2 Specify) RIBE NOW II ION (Street e Town, Stete)	AUTOPSY MED? NO NJURY OCCU and Number of	24b. WE AND COO DF 1 [I STEP I STORED MANUAL PROPERTY RURAL PRO	Interval Bety Onset and D RE AUTOPSY FIND NILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO Number, Manner as state Offin, Day, Year)

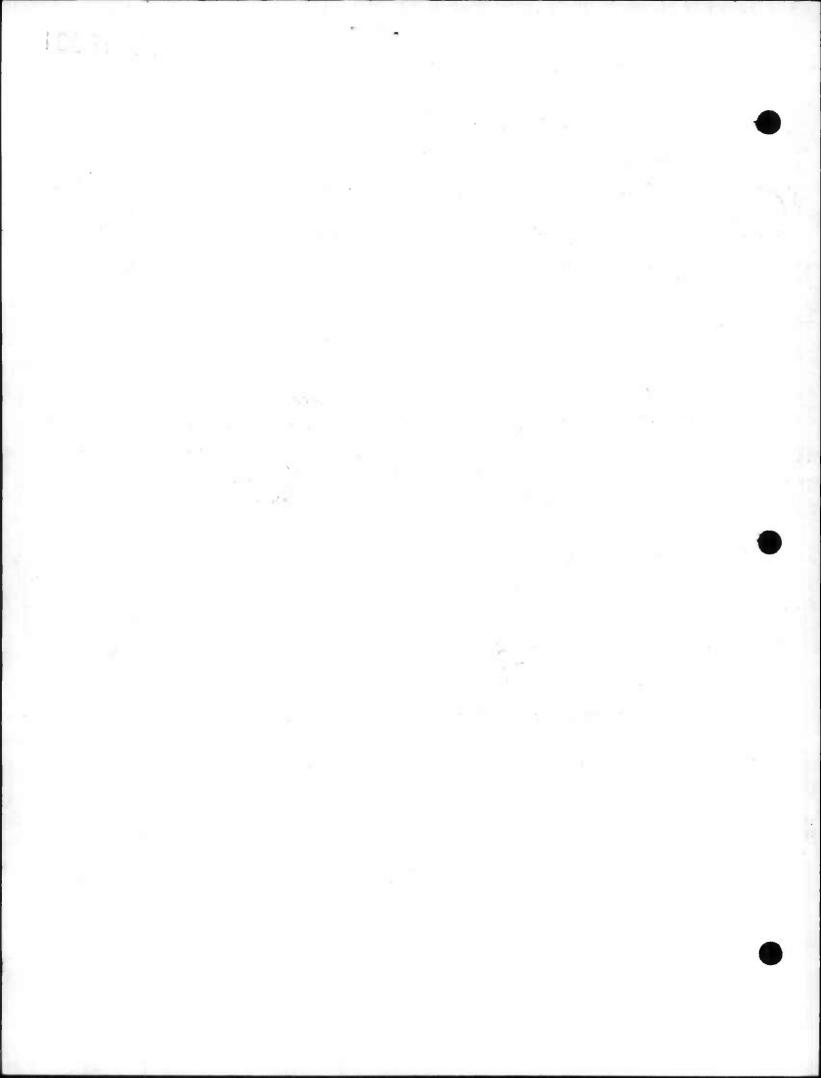
DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within without safer death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the burial-traisit moval.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
	1. OECEOENT'S NAME (First, Middle, Last) Almerta L. W	Villiams	-			2. DATE OF OR MONTH	DAY	YEAR	3. TIME OF OEATH
3	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 5-29-	12 RTH Year)	8. BIRT	
			70						SC
OR	9a. FACILITY NAME (If not institution, give str Union Memori	4			or location of di timore		9c. CO	UNTY OF E	HTABL
5	RESIDENCE OF DECEDENT								
DIRE	MD Balf	timore		town on Loca					10d, INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 337 29th St.			10	1. ZIP CODE			JSA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	It yes, s	CENDENT OF HISPAI Decity Cuban, Maxica S 2 NO Specifi	n, Puerto Ricen,	cify Yea or No-	14, RAC Blac	E - American Indien, ck, Whita, etc. City: Black
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S U	rk done during m	ON ost of working	16b. KINO	OF BUSINESS/IN		DIACK
COMPLET	Elamentary/Secondery (0-12)	College (1-4 or 5+)	ife. Do NOT use	retired.)		fo	od ser	cvic	e
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, Cit	y or Town, State, Z	lip Code)	
9	Keith Williams		337 E	. 29t	h St. B	altimo	re, MI)	
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		b. PLACE AND DATE OF			1 1	20c. LOCATION - Baltin		
	21. SIGNATURE OF PUNERIEL SERVICE LICE	PASSEE /			ND ACCRESS OF FA			1016	, PID
_	14/11/11	16 Km	1	Hav	re de G	race,	MD		
-	23. Hart I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	list only one cause on	aach lina.	t anter the me	ode of dying, suc	h as cardiac o	r reapiratory a	rrest,	Approximate Interval Between Onset and Daath
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF)						2 DAYS
NO	Sequentially list conditions, if sny, leading to immediate		TROPEN A CONSEQUENCE OF						10 DAYS
ICAT	cause. Entar UNDERLYING CAUSE (Disesse or injury	CHE	MOTHERS A CONSEQUENCE OF	+PY -	IMMU	NOSUPI	PRESSI	tn 7	14 WEEKS
CERTIFICATION	that initiated events resulting in death) LAST	J.	A CONSEQUENCE OF):						
	PART II. Other significant conditions	contributing to death	but not resulting in	the undarlying	g causa given in	Part I. 24a.	WAS AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS
DICAL	CHF, HTN,	DM TO	2,000	dis my of	adhy	- 1	YES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME	DID TOBACCO USE	CASTRIC	CANCER				·		1 - YES 2 100
AN	25. WAS CASE REFERRED TO MEDICAL	CINIKIBUTE TO	CAUSE OF		LACE OF DEATH (Ch				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ne 5 🗆 Raeldenca	111	c(ly)		
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Applicant Investigation	28s. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OF	CCUREO	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, atc. (Spi	Y — At home, term, str ecity)	eet, tectory, office	ce .	28t. LOCATION City or Tow	(Street and Number, State)	er or Rural	Route Number,
Ë	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wladge death converse	at the time dat	and alone and de-	4. 0	hil wassen a		
COMPLETED		R: On the beals of examinati							a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				D (Month, Day, Year)
00	N	INTERN			AT 2	43894	6	06	112 194
5	30. NAME AND ADDRESS OF PERSON WHO								ms 21218
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		_		/			
	JUN 1 7 1994	Java dave	you wardall						



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within e-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours after death with the State Dear of Heath and Mental Housers on burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	DECEDENT'S NAME (First, Middle, Last)	FRANCES		VARTH		OF DEA		2. DATE OF	REG. NO.	,	YEAR	3. TIME OF DEATH
L	FRANCES			ART	-HE	2		06	13		99x	925 A
	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	_	IF UNDER 1 1	YEAR IF UND	ER 24 HRS.	7. DATE OF (Month, E	Day, Year)		8. BIRTH Country	MISSOUR
1	080-05-0801-D	1 DM 2 50F	8,	YRS.					24-19		8.7	24.06
	. FACILITY NAME (If not institution, give at		I II a con			OWN OR LOCAT		EATH	× 1		NTY OF D	
	Howard County	Genera.	L Hosp	ortar	<u> </u>	lumbia	1			HOW	ara	County
	a. STATE 10b. COUNTY	21100		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
1	Maryland Howa	rd Cour	nty		Co	lumbia	a					1 E ES 2 NO
104	. STREET AND NUMBER					10f. ZIP CO	DE			10g. CIT	IZEN OF W	VHAT COUNTRY?
L	5644 Vantage F	Point Ro	oad			2	1044		100	U	ISA	
1[MARITAL STATUS Never Married 2 Married Myldowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1	ARMED	If y	S DECENDENT es, specify Cut YES 27 190	en, Mexic	nn, Puerto Ric	Specify Yes (an, etc.)	or No—	14. RACE Black Speck	- American Indian, t, White, etc.
H	15. DECEDENT'S EDUC		160.	DECEDENT'S	USUAL OCC	UPATION	_	16b. K	IND OF BUSI	INESS/INI	DUSTRY	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)	Cottege (1-4 or 5 +		(Give kind of life. Do NOT u	work done dur	ing most of worl	ding		OF 21 5 111			
	12th			nomem	aker				own	n ho	me	
17.	FATHER'S NAME (First, Middle, Last)							AME (First, Mid				
	(unknowr	1)	0h1ha	usen		Rui	TH J	we un	cnown	1)		
	a. INFORMANT'S NAME (Type/Print)					Street and Numb						0101
1	Ms. Frances Je	ean War	then	5644	Van	tage 1	Poin	t Rd.	_			
10	a. METHOD OF DISPOSITION ☐ Burial Z∑ÇÇremation 3 ☐ Ramo	ovel from State	cemetery, o	crematory or o	OF DISPOSITI			DATE			City or To	
H 4	☐ Donatiga, 6 ☐ Other (Specify)											
		ENSEE #	Baltı	more-		ngton			5/14/	'YZ	Laur	tel, MD
21.	SIONATURE OF PUHERAL SERVICE LIC	Seil		M0053	22. NA S E	ME AND ADDR 1ack F 11icot	ess of fi uner t Ci	al Hor ty, Ma	e, P.	A. d 21	1043	el, MJ
21.	SIONATURE OF FUHERIAL SERVICE LIC	emplications the List only one cau	t caused the	MO053 death. Do	S E not enter th	ME AND ADDR 1ack F 11icot	ess of fi uner t Ci	al Hor ty, Ma	e, P.	A. d 21	1043	Approximate Interval Between
21. 23 IM distre	B. PART I. Enter the diseases, proshock, or heart failure immediate CAUSE (Finel sease or condition	DUE TO	t caused the se on each life	MO053 death. Do ne. SEOUENCE O	22. NA S S E not enter th	ME AND ADDR 1ack F 11icot	ess of Fruner: uner: t Ci ying, au	ty, Ma	e, P. rylan c or respir	A. ad. 21 atory ar	1043 rest,	Approximata interval Betwee Onset and Dea
21. 23 IM dil re- Self ca C/	B. PART 1. Enter the diseases, proshock, or heart failure and the sease or condition suiting in death) sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury let Initiated events	DUE TO	I caused the se on asch life (OR AS A CONS)	MOO53 death. Do ne. SEQUENCE O	22. NA S E E not enter the CO F:	ME AND ADDRI 1ack F 11icot 1e mode of d Car 7857	ess of Fruner uner the Ci the	ACILITY all Host ty, Ma ch as cardle	e, P. rylan c or respir	A. ad 21 atory ar	1043 reet,	Approximata interval Betwee Onset and Dea
23 IM difference of the re-	SIONS TUBE OF PUREIRAL SERVICE LIC 3. PART I. Enter the diseases, or o shock, or heart failure IMEDIATE CAUSE (Final sease or condition suiting in desth) sequentially list conditions, any, leading to immediata suse. Enter UNDERLYING AUSE (Disease or injury tet initiated events suiting in death) LAST ART II. Other algnificant condition	DUE TO S. CONTRIBUTION OF TO THE TO	I caused the se on asch life (OR AS A CONS)	MOO53 death. Do ne. SEQUENCE O	22. NA S E E not enter the CO F:	ME AND ADDRI 1ack F 11icot 1e mode of d Car 7857	ess of Funerium Cit Cityling, aud	Part I. 2	E, P. rylan c or respir	A. ad 21 atory ar	1043 reet,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
23 IM difference of the re-	SIONS TUBE OF PUREIRAL SERVICE LIC 3. PART I. Enter the diseases, prosenock, or heart failure in the sease or condition services and the sease or condition and the sease or condition and the sease or condition and the sease or condition and the sease or condition and the sease or condition and the sease or condition and the sease or condition and the sease of condition	DUE TO	Caused the se on asch life (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	MOO53 death. Do ne. SEOUENCE O	22. NA S E E not enter the CO F : C	ME AND ADDRI 1ack F 11icot ne mode of d A A A A A A A A A A A A A A A A A A	ess of Frunch under the Ci ying, aud	Part I. 2	E, P. rylan c or respir	A. ad 21 atory ar	1043 reet,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
23 IM dil re Self Ca CJ th re PA	SIONATURE OF PURERAL SERVICE LICO 3. PART I. Enter the diseases, or o shock, or heart fellure in the sease or condition should be sease or condition should be sease or condition should be sease or condition should be sease or injury et initiated events shifting in death) LAST ART II. Other eignificant condition was case referred to medical examiner? 1 YES 2 NO MANNER OF DEATH	DUE TO DUE TO DUE TO DUE TO DUE TO LES CONTRIBUTING TO DUE TO DUE TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO LES CONTRIBUTING TO DUE TO DUE TO LES CONTRIBUTING TO DUE TO DUE TO LES CONTRIBUTING TO DUE TO DUE TO LES CONTRIBUTING TO DUE	I caused the se on asch life (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) deeth but no	MOO53 death. Do ne. SEQUENCE O SEQUENCE O R	22. NA S E E not enter the CO F: C F: C F: C F C C C F C C C C C C C	ME AND ADDRI 1acl: F 11icot to mode of d A A A A A A A A A A A A A	ess of Frunch under the Ci ying, aud	Part I. 2	E, P. rylan c or respir	A. d. 21 atory ar atory ar autopsy web7	1043 rest,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
23 IM did re See If Case C/I the re 25.	B. PART I. Enter the diseases, or canock, or heart fellure interest of the sease or condition selling in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury et Initiated events selling in death) LAST ART II. Other eignificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO B CONTributing to HOSPITAL: 1 M Inpetient 2	I caused the se on asch life (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) deeth but no	MOO53 death. Do ne. SEQUENCE O SEQUENCE O R	22. NA S E E not enter the state of the stat	ME AND ADDRI 1acl's F 11icot to mode of d Cau PSS erlying ceuse 26. PLACE OF g Home 5 1 8c. INJURY AT WORK?	ess of Frunch under the Ci ying, aud	Part I. 2	E, P. rylan c or respir	A. d. 21 atory ar atory ar autopsy web7	1043 rest,	Approximata interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
21. 23 IM diling to the second	SIONS TUBE OF PUREIRAL SERVICE LICO 3. PART I. Enter the diseases, prospection of the service of shock, or heart failure in the sease or condition of the sease or condition of the sease or condition of the sease or condition of the sease or condition of the sease or condition of the sease of the sease of the sease or injury let initiated events of the sease of the s	DUE TO DUE TO	I caused the se on asch life (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) deeth but no	MOO53 death. Do ne. SEQUENCE O SEQUENCE O SEQUENCE O REQUENCE O REQUENCE O REQUENCE O REQUENCE O REQUENCE O REQUENCE O REQUENCE O	22. NA S E E not enter the state of the stat	ME AND ADDRI 1acl's F 11icot to mode of d Cau PSS erlying ceuse 26. PLACE OF g Home 5 1 BC. INJURY AT WORK? 1 YES 2	ESS OF FRUNCTION OF THE CITY O	Part I. 2 Part I. 2 Other (S 26d, DESCE	E, P. LYJan C or respir	A. Id. 21 atory ar Autory ar	LO43 rest, Lecured	Approximata interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea

PLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)



JUNI PORT TWO

BALTIMORE, MARYLAND 21215-0020

CAR LINES!

DIVISION OF VITAL RECORDS, P.O. BOX 687604

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			F HEALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	FRED OVA WILLIAMS	jr.				JUNE 8.19		07:00 a M	
			rs. last birthday)	IF UNDER 1 Y		7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign	
	193-03-4965 9e. FACILITY NAME (If not institution, give street	XM 2 F 80	YRS.		WN OR LOCATION OF DE	(Month, Day, Year) 10-14-191	na.		
TOR	SACRED HEART HOSPI			BERLAND		ALLEG			
DIRECTOR	100. STATE 100. COUNTY MARYLAND GARRE	ETT		NTSVI			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	101. ZIP CODE				10e, CITIZEN OF	1 ☐ YES 2 😿 NO WHAT COUNTRY?		
FUNERAL	ROUTE 1. BOX 68				21536	6	US	A	
5	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.	I.S. ARMED 13. WAS DECENDENT OF HISPAN			VIC ORIGIN? (Specify Yes	fy Yes or No - 14. RACE - American Indian,		
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATE: WW 2	s NO		s, specify Cuben, Mexice YES 2 NO Specify		1,7	WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON 16		work done during	PATION og most of working	16b. KIND OF BUSH	NESS/INDUSTRY		
<u>ا چ</u>		ollege (1-4 or 5 +)	life. Do NOT	,		PRINCE			
Š	12 th 17. FATHER'S NAME (First, Middle, Last)		ELECT	LKCIAN	48 MOTHED'S NA	BRIDGE ME (First, Middle, Meiden S			
	FRED OVA WILLIA	MC CD				ARL I. LEEP!			
8	19e. INFORMANT'S NAME (Type/Print)	uio, ok.	19b. MAILIN	ADDRESS (S		Route Number, City or Town,			
입	LINDA L. GRAY				CIRCLE, ORI		32825		
	20 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal	from State 20b. PL	ACE AND DATE	OF DISPOSITIO			ATION — City or	Town, State	
	4 Donation 5 Other (Specify)	ADI	DISON (EMETER			DISON,	PA	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Muma	1	NEV		L HOMES, P			
	23. PART i. Enter the diseases, or com	plicetions that ceused th	e deeth. Do	not enter the	55 MAIN ST.	h as cardiec or respire	LLE MD	21536 Approximate	
	ahock, or heart failura. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	only one cause on each	line.				, , , , , ,	Interval Between Onset and Death	
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CLUMO VALCUM ACREACY DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
A	PART II. Other aignificant conditions contributing to death but not resulting in the underlying					Part I. 24a. WAS AN A PERFORM		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC	Pend		1 _ YES 2		COMPLETION OF CAUSE OF DEATH?				
¥								1 TES 2 NO	
Ä	DID TOBACCO USE COI	NTRIBUTE TO CA	AUSE OF			4			
泛	EXAMINER?	OSPITAL:		OTHER:	86. PLACE OF DEATH (Ch				
¥∥	27. MANNER OF DEATH	Inpatient 2 ER/Outpatie	28b. Til		Home 5 Residence	6 U Other (Specify) 26d. DEŞCRIBE HOW IN.	JURY OCCURED		
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation								
	3 Suicide 5 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or City or Town, State)						id Number or Rure.	l Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end manner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end menner se stated.								
			- Investigati	on, in my opini					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER HS-1				29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 615994				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AGAIL SIGNAL M.D. AS BISHOO (UGK) Rd. (18 mub), Md.								
	31. DATE FILED (Month), Day, Year)	32. REGISTRARYS SIGNATURAL STANDARD NO.	dall		7				
	JUN 0 0 1001					_		DHMH-16 Rev 1/89	

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1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last, JOHN Ben			WALKER	JR. JR. JUNE 10, 1994			3. TIME OF DEATH 2:50 P M
	4. SOCIAL SECURITY NUMBER 214-33-7962		7 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-14-19	936 W	BIRTHPLACE (State or Foreign Country) Jash. DC
_	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	Physicians Memore of December 1			La Plat			Char1	les
	MD 100. STATE 100. COUN	La La	Plata	TON	150	10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	100. STREET AND NUMBER 121 Kalmia Crt		. ZIP CODE			S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 A Divorced	12. WAS DECEDENT EVER H FORCES? 1 4 YES IF YES, GIVE WAR OR D		13. WAS DEC If yes, sp 1 — YES	RACE — American Indian, Black, White, atc. Specify: White			
8	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPATIO	ON st of working	16b. KIND OF BU	SINESS/INDUST	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sales	rork done during mo e retired.) S Rep.				
	17. FATHER'S NAME (First, Middle, Last) John Ben Walk	er, Sr.				ME (First, Middle, Meiden da Wilmet		rer
TO BE	19a. INFORMANT'S NAME (Type/Print) Suzanne Cox		19b. MAILING 2060					a,MD 20646
	20s/METHOD OF DISPOSITION 1 🗹 Buriel 2 🗍 Cremetion 3 🗍 Res	moval from State 20b	PLACE AND DATE O					
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DATE OF DATE OF 20b. PLACE AND DATE OF							
	Navid C. E.	that I	100945		ART-ECH ata,MD	OLS FUNE 20646	RAL HO	OME, INC.
	23. PART i. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Due to (or As A	ACONSEQUENCE OF):			iratory arrest	, Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Pathology is located to the conditions of the consequence of the conditions of the condition							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
AL O							24b. WERE AUTOPSY FINDINGS	
DICAL	Alcoholis			1 TES 2		AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
M	Tongue Cancer 1 ves 2 no							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AND SPATIAL: COLUMN 10 COLUMN							
/SIC	1 TES 2 NO	HOSPITAL:	patlant 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Raaldence	6 Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? INJURY 1 1 YES 2 NO						ED
ETED E	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Rural Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as attated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as attated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER D-33426 296. DATE SIGNED (Month, Day, Year)						, /	
10	30. NAME AND ADDRESS OF PERSON WID COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 La Grange Ave., PO Box 1724 B. Larry Jenkins, M.D. La Plata, Maryland 20646							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE O	LIG I	aca, na	. y Land 200	70	
	JUN 1 4 19	14 Java drive	un Kartall			C30 8		A PARTIE

ITEMS: 23 PART I, 27, PER MEO FILM G-713 7/6/94 t.t

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR			F DEATH	REG.					
1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEAT	DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
HARRY ANTHONY YATI	HARRY ANTHONY YATES JR								
4. SOCIAL SECURITY NUMBER 5. SEX 6	. AGE (In yrs. last birthday)			7. DATE OF BIRT		6. BIRTHE	PLACE (State or Foreign		
212-56-0095 1X M 2 □ F	45 YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Ye 05-07-1		Country	many		
9a. FACILITY NAME (If not institution, give street and number)			N OR LOCATION OF D	EATH	_	NTY OF DE			
4303 TORQUE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince George'		CAPITAL HEIGHTS PRINCE							
10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LO	CATION	4			10d. INSIDE CITY		
Maryland Prince George'	s C	anitol	Heights				LIMITS?		
10e. STREET AND NUMBER		aprior	10f. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?		
4303 Torque Street	,		20743			USA			
11. MARITAL STATUS 12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	If yes,	DECENDENT OF HISPAI specify Cuben, Mexico (ES 2X NO Specif	n, Puerto Rican, etc		14. RACE	- American Indian, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	S USUAL OCCUP	ATION	16b. KIND O	F BUSINESS/IN	DUSTRY			
Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	work done during use retired.)							
12	Labore	er		De1	ivery				
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, M.					
Harry A. Yates Sr			Lina H	uxhorn Y	ates				
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	G ADDRESS (Stre	et and Number or Naral	Routé, Number, City o	r Town, State, Zij	p Code)			
Lina Huxhorn Yates	4303	Torque	Street Ca	apitol H	eights	. MD	20743		
20e METHOD OF DISPOSITION 1 Surial 2 Of Cremation 3 Ramoval from State	20b. PLACE AND DATE	OF DISPOSITION			c. LOCATION —				
4 Donation 5 Other (Specify)	Lee Crema	atory	6-	15-94 C	linton	, MD	20735		
22. NAME AND ADDRESS OF FACILITY J.H. Eberwein Mortuary 4433 White Pls. La. White Pls., M									
resulting in desth) DUE TO (O	DUE TO (OR AS A CONSEQUENCE OF).								
Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN PERFOR						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
DID TOPACCO HEE CONTRIBUTE	TO CAUGE OF	DEATH	V/50 == \10				1 TYES 2 NO		
DID TOBACCO USE CONTRIBUTE	IO CAUSE OF	DEATH	YES NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)					
	R/Outpatient 3 DOA	4 Nursing H	lome 5X Xeeldence	6 Other (Specify)				
27. MANNER OF DEATH 1 XX Netural 5 Pending 280. DATE OF IN (Month, Day,		JURY	INJURY AT WORK?	26d. DESCRIBE H	OW INJURY OC	CURED			
2 Accident Investigation	tural 5 Pending M 1 YES 2 NO cident investigation								
3 Suicide 4 Could not be determined Suicide 5 Could not be determined Suicide 6 Could not be determined Suicide 6 Could not be determined Suicide 7 Suicide 8 Could not be determined Suicide 8 Could not be determined Suicide 8 Could not be determined									
	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.								
	ministron eng/or investigation	on, in my opinior	n, seath occured at the	time, date end plac	e, end due to ti	he ceuse(e)	end menner ea stated.		
296, IGNATURE AND TITLE OF CERTIFIES	O.C.M.E. JUNE 13/94								
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TAREN (STATE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201									
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S		4							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Walter and the second

Contraction of

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the recent read of the continued by the bospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral transformation. Or removal.

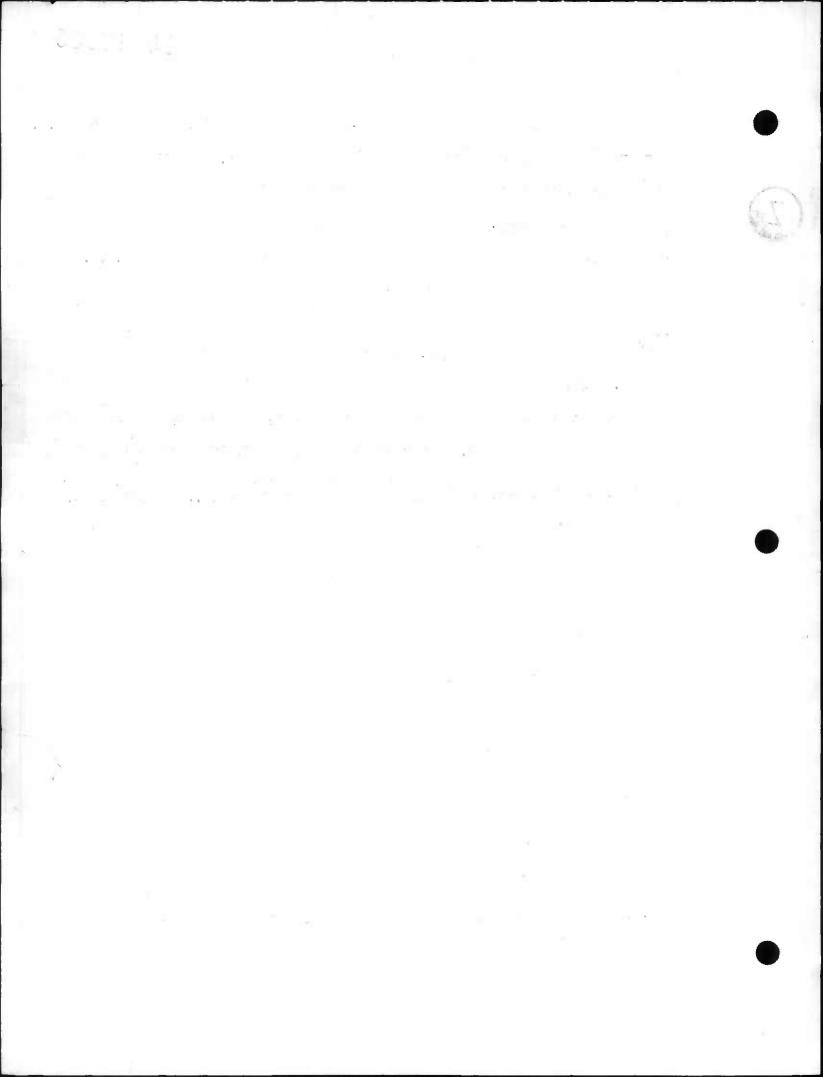
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral transformation, or removal.

THE PORTANT: If I lem 28 is marked, or I lem 23 shows any Injury, or other transmatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CE	KIIF	CATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	Ada	ZIM	IERMAN		2. DATE OF DEATH 3. TIME OF DEATH			9:20 P.M.	
OR	4. SOCIAL SECURITY NUMBER 213-60-8031	5. SEX 1 M 2 F	6. AGE (In yrs. last I	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept. 2,	1911	a. BIRTHPL Country!	ace (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number) Vindobona Nursing Home				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (
FUNERAL DIRECTOR		10b. COUNTY			10c. CITY, TOWN OR LOCATION New Market					d. INSIDE CITY LIMITS? YES 24 NO
ERAL	6424 New London Road				101. ZIP CODE 2771					T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 Y NO Specify:				14. RACE — Black, W Specify:	American Indian, Thita, atc. White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of w	pent's usual occupation ind of work done during most of working NOT use retired.) The boundary of the business/industry Home					
BE CON	17. FATHER'S NAME (First, Middle, Last) Homer E. Waltz					Golden E	ME (First, Middle, Maidel dith Gesi	sumame) ne May	me	
10	19a. INFORMANT'S NAME (Type/Print) Ray Howard Zimmer	man	6 ^{19b.}	MAILING PLINE	ADDRESS (Stree	on Road,	New Marke	vn. State. Zip t, Ma.1	yland	21774
	20a. METHOD OF DISPOSITION 1									
	21 SIGNATURE OF FUNERAL SERVICE LIC	C. Das	fal MOC	0021	Ke		Basford F			Md. 21701
	23. PART I. Enter the diseases, or abock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Ceve	f ceused the deal ise on each line.	<i>f</i>	ot enter the m	ode of dying, suc	h aa cardiec or reep	erre	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
EDICAL CI	11 40 14	resulting in the underlying ceuse given in Part I.			Part I. 24a. WAS AI PERFO	AUTOPSY RMED?	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO		
Σ	Types 2 No Competion of Cause of Death?							DEATH?		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidenca 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined Data Manual Plants of Suicide 1 Accident Investigation Manual Plants 2 No 1 YES 2 NO 2 Sa. PLACE OF INJURY — At home, farm, atreet, factory, office 2 Sa. PLACE OF INJURY — At home, farm, atreet, factory, office 2 City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. VIPENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5 - 7 0 - 9 9								, ,	
۴	Dr. Christopher Fleming MD 610 Ninth Street, Brunswick, Maryland 21716									
	31. DATE FILED (MONTH, Day, Year)	32. REMISTRA	R'S SIGNATURE	Mall						



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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

_	112010111111					10/11					HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Leat) GERALD MICHAEL ARMIGER 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	4	ay) IF UNDER 1 YEAR IF UNDER 24 HRS.						94	5:18P M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs 213–64−8307 1 ∑ M 2 □ F 41					MONTHS	DAYS	HOURS	MIN.		22/53		Countr		
	9a. FACILITY NAME (If not in	YRS.	AL 017		OR LOCATE		<u> </u>	22/33			ltimore				
œ	J.H.H.				IMOR		CIT	v	9c. COUN	NTY OF D	EATH				
DIRECTOR	RESIDENCE OF DEC						AUI.			CII.	1				
H	10a. STATE	10b. COUNTY	1		10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							10d. INSIDE CITY		
	Maryland	Balt	imore		Fo	rres	st Hi	111						1 TES 2 NO	
FUNERAL	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?	
<u> </u>	1806 Bear	Creek	Drive					2105	0			U:	SA		
ا ۾	11. MARITAL STATUS	1000	12. WAS DECEDEN			13.					N? (Specify Yea Rican, etc.)	or No-	14. RACE	- American Indian,	
BY	1 Never Married 2 V 3 Wildowed 4 Divo		IF YES, GIVE V		Pina			2 NO					Black, White, atc. Specify:		
		EDENT'S EDU		16a.	DECEDENT'S	USUAL	OCCUPATION	ON		160	. KIND OF BUS	INESS/IND		ite	
COMPLETED	Elementary/Secondary (I	y highest grade 1-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	ost of worki	ng						
린	12		1	E	Baltim	ore	City	/ Pol	icen	nar	Baltim	ore	City		
S	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE	Gerald Ar							Fr	ance	es Ku	uczinsk	i			
2	19a. INFORMANT'S NAME (nber, City or Town				
-	Mrs. Mela		miger		1806	Bea	er Ci	reek	Driv					d. 21050	
	20a. METNOD OF DISPOSIT 1) Burlal 2 Crematic	n 3 🗌 Reme	oval from Stata	cemetery,	CE AND DATE	OF DISPO	SITION (N	ame of		6/28	194 20c. LO	CATION — City or Town, Stata Ltimore, md.			
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA	(Specify)		- DOT	aney						. Ral	timo:	re,	md.	
	CYW	L SERVICE EIG			. 1	22	E.F.	Lassa	ahn Fi	unera.	1. Home				
	C.F. OX	DDO	don to	mond	dem	0	1175	O Bela	air R	d. Ki	ngsville	, Md.	2108	7	
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):														
AL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting In death) LAST DUE TO (OR AS A CONSEQUENCE OF): d														
: MEDICAL	Cold Myscardial Infantion 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?								OF DEATH?						
PHYSICIAN:	25. WAS CASE REFERRED T	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
Sic	EXAMINER?		HOSPITAL:	1 FR/Outpetlant	3 [] DOA	OTHE	R:								
Ħ	27. MANNER OF DEATH		26a, DATE OF	INJURY	28b. TIN	IE OF		JURY AT	asiderica		er (Specify) \$CRIBE NOW II	NJURY OCC	CURED		
		Pending Investigation	(Month, £	Pay, Year)	IN.	JURY	1 🗆	YES 2	NO						
BY	a Contrat	Could not be	26a. PLACE C	F INJURY — At	home, farm,	atreet, fac	tory, offic	20		28f. LO	CATION (Street a	ind Number	or Rural F	Route Number,	
		determined	- Duliding,	atc. (Specify)						City	or Town, State)				
COMPLET	anal .		CIAN: To the beat of a											i) and manner as stated.	
S W	296. SIGNATURE AND TITLE	OF CERTIFIES						29c. LIÇ	ENSE NU	MBER		29d. DATI	E SIGNED	(Month, Day, Year)	
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inding physician. as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat iMPORTANT: If item 28 is ma

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPAR ERTIF	RTMENT OF I	HEALTH AN	ID MENTA	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH		3. Т	TIME OF DEATH	н
	GOLDEN	BURLEY					NE 24	7 19	94	3:02	, a
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. la:	st birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HI	RS. 7. DAT	E OF BIRTH			CE (State or For	T
	238.46-1810	100 M 2 DE //	YRS.	MONTHS DAYS	HOURS M	IN. (Mor	nth, Day, Year)		Country)	C 1	1
	9a. FACILITY NAME (If not institution, give si	treat and number)		9b. CITY, TOWN	OR LOCATION O	T PL	p.T, 17	9c. COUNTY	Josh	Caroli	na
œ				0.00			,	9C. COUNTY	OF OEATH		
DIRECTOR	HARBOR HOSPITAL BALTIMORE CITY RESIDENCE OF DECEMENT										
2	10a. STATE 10b. COUNTY	1	10c. CH	T, TOWN OR LOCA	TION				10d.	. INSIDE CITY	
5	Md.		1 1	Salki	more				1.5	LIMITS?	NO
1	10. STREET AND NUMBER	1		10	H. ZIP CODE			10g. CITIZEN	-		
FUNERAL	1710 Westwood	d Ave			212	17		U.	S.A	•	
$\frac{1}{5}$	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF	RMED	13. WAS DE	2.1.5	ISPANIC ORIG	IN? (Specify Yea	or No.— 14.	RACE - A	American India	
	Trever mented 2 Mg married										
ВУ	3 Widowed 4 Divorced	Korea		' ' '	Jane 4	poony.			B	(ac)	4
	15. DECEOENT'S EDUC (Specify only highest grade		ECEDENT'S	USUAL OCCUPATI	ION	16	Sb. KIND OF BUS	INESS/INOUS	TRY		
191	(Specify only highest grade completed) (Give kind of work done during most of working life Do NOT use retired.) (Give kind of work done during most of working life Do NOT use retired.)										
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COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
l m	I Frank Durley										
0 B	19a INFORMANT'S NAME (Inna/Print)										
F	Kuth Burley 1710 Westwood Ave. Balto. M. 21217										
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Company) OATE 20b. PLACE AND DATE OF DISPOSITION (Name of Company) OATE 20c. METHOD OF DISPOSITION (Name of Company) OATE 20b. PLACE AND DATE OF DISPOSITION (Name of Company) OATE										
	Complete, cremation 6 Other (Specify) Wood awn Cemetery 7-2 Baltmore Md.										,
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND AOORESS O	F ACILITY	10	relic	0.	7.4	
	> (a Other	(1) meda	-/	Dow	glassy	Ityshi	mal	61			
\vdash	23. PART i. Enter the diseases, or o	complications that several the d	anth Da	17/	/Y\	clu	Moh -	74.	1		
	ahock, or heart fellure.	List only one cause on each line	e.	not enter the me	ode or dying,	such as ca	raiec or respii	ratory arrest	,	Approxime interval Be	
1 1	iMMEDIATE CAUSE (Finel disease or condition	**************************************		0 3'			-		- [Onset and	Death
	resulting in death)	Arterioscler			ovasc	ular	Disea	se			
1 _ 1		DUE TO (OR AS A CONSE	OUENCE O	IF):							
8	Sequentially list conditions,	b. OUE TO (OR AS A CONSE	OHENCE O	E.	_						
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (ON AS A CONSE	OUENCE O	r).							
[윤]	CAUSE (Disease or injury that initisted events	C. OUE TO (OR AS A CONSE	OUENCE O	IFI.							
1 Ē I	resulting in death) LAST	10 (01110) 001102	OULHOL U	•).					j		
8		d									
	PART ii. Other significent condition	e contributing to deeth but not	resulting	in the underlyin	g cause give	n in Part i.	24s. WAS AN			RE AUTOPSY FIN	
MEDICAL							PERFOR		COM	ILABLE PRIOR T APLETION OF C	
							XX			DEATH?	
	DID TOBACCO USE O	CONTRIBUTE TO CAU	SE OF	DEATH Y	∕ES □ I	NO F			' '	YES 2 N	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH		ngel		L		
1 28	EXAMINER? XXYES 2 \(\square\) NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	VIVOA	OTHER:							
F	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. TIN	4 Nursing Hor E OF 28c. IN	JURY AT		Ter (Specify)	VILLEY OCCUR	FO		
	1 X Vatural 5 Pending	(Month, Day, Year)		JURY W	ORK? YES 2 NO		LOW II	NON! COCO!	LO		
B	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE OF INJURY — At he	ome, farm,				CATION (Street a	and Number or I	Bural Bouta	Mumber	
	4 Homicide 8 Could not be	building, etc. (Specify)		,	•	Cit	y or Town, State)	THE TREETINGS OF T	HUINI HUUN	rearnost,	
	29a. CERTIFIER	4 6									
MP	(Check only	CIAN: To the beat of my knowledge, de									
COMPLET	A	R: On the basis of examination and/or	investigation	on, in my opinion,	death occured a	it the time, da	te and place, and	d dua to the ci	ause(a) and	manner as st	ated.
ш	29b. SHOWATURE AND TITLE OF CENTIFIES	Silla. 11 .			29c. LICENSE			29d. DATE SI	GNED (Mor	nth, Day, Year)	2.4
TO B	MULLIONE JON	e Jyuu			0.0	.M.E.		▶JUN	E 28	3, 199	14
F	30. NAME AND ABORESS OF PERSON WH										
	Margarita Kore	11 M.D. 11	1 Pe	enn Str	eet,	Balti	more,	Mary	land	1 2120	01

31. DATE FILED (Month, Day, Year)
JUN 2 9 1994

OHMH-18 Rav 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION

permit. Pages 1, 2, 3 should retained by the hospital or attending physician. 5 should be detached for use as the burial-transit 76 notified funeral director, page 5 after death. Page 6 may be pe must t examiner n by the removal. the medical the attending physician and completely filler Mental Hygiene prior to burial, cremation, other traumatic event, certificate has been signed by the State Dept. of Health and shows any 23 HOSPITAL DR ATTENDING PHYSICIAN: marked, this c DIRECTOR: After the hours after death vitem 28 is mark TO THE FUNERAL C be filed within 72 h IMPORTANT: If It

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Vames E. Ball 05:50 06 94 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN IF UNDER 24 HRS 44 8. BIRTHPLACE (State or Foreign (Month, Day, Year 212- 42-3763 MARYLAND 1 M 2 - F YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. CDUNTY OF DEATH SCOTT FRANSIS KEY BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY n/a MARYLAND BALTIMORE 1 YES 2 ND 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2212 FAYETTE STREET 21231 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married If yes, specify Cuben, Maxican, Puerto Rican, atc.)

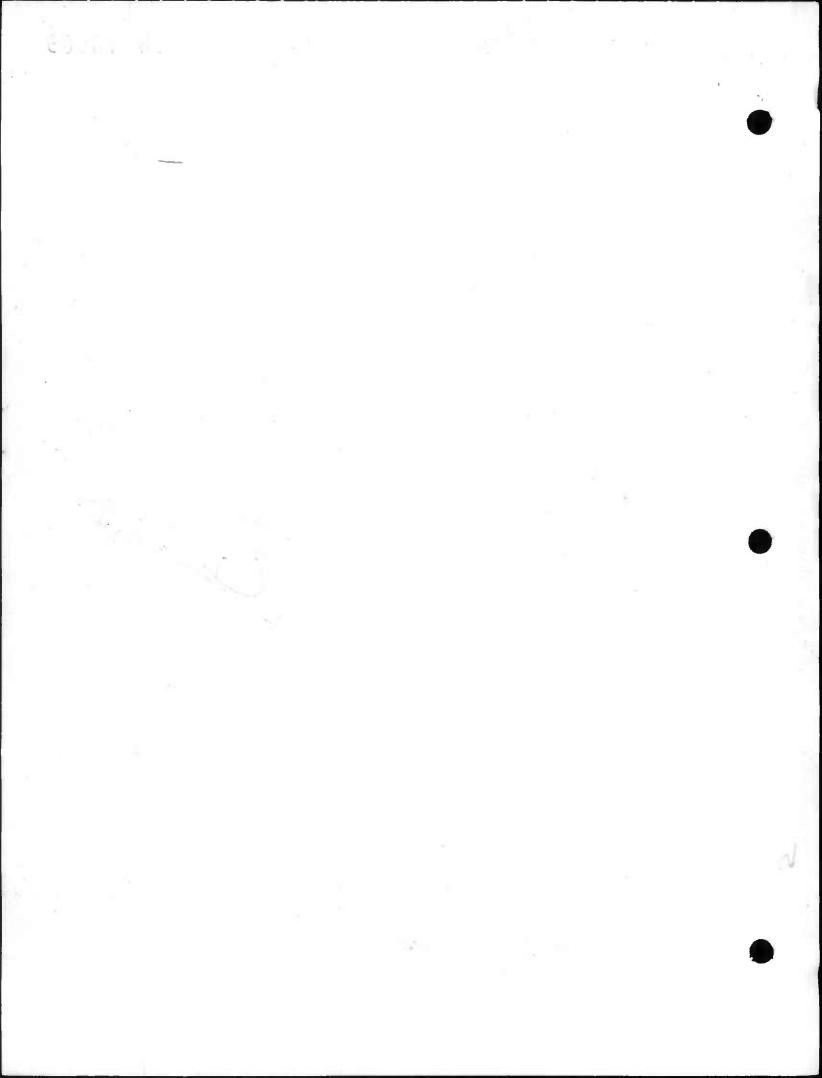
1 YES 2 NO Specify: 3 Wildowed 4 X Divorced Specify: BLACK 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) unemployed 10 n/a 17. FATNER'S NAME (First, Middle, Lest)
THOMAS L. 18. MOTHER'S NAME (First, Middle, Maiden Surname) SPEARMAN SR. MAE BALL ELLA 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2042 E. FAYETTE ST, BALTIMORE, 19a. INFORMANT'S NAME (Type/Print) SPEARMAN JOELLA 21231 MD 20a. METHDD OF DISPOSITION
XIX Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State VOSTHELL OTHER PIME MORIAL GARDENS DUNDALK, MD 4 Donation 5 Other (Specify) . 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bemad WM. C. MARCH FH.-1101 E. NORTH AVE mounds 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respire the warmen shock, or heert failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Mult: System Or Organ DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING 3620 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY TO YES 2 XHO OF DEATHT 1 TEN 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OSPITAL: Xinpatient 2 ER/Outpatient 3 DOA OTHER T VES 2 NO 27, MANNER OF DEATH

25s. DATE OF INJURY 25b. TIME OF 25c. INJURY AT WORK? 38d. DESCRIBE HOW INJURY OCCURED 125/94 м 1 YES 2 X NO House 2 Accident Suicide 281. LOCATION (Tity 6 [] Could not be 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 124 9 MD 550 - 0820

COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

Bayview Medical Baltiman 31. DATE FILED (Month, Day, Year)
JUN 29 1994

32 REGISTRAR'S SIGNATURE



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
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OR	JE I	lem

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item2 6-29-94 FilmG712 W.H.per F/H 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DATE OF DEATH MONTH Baxte Brown 6:170 M 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
09 -01-00 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign MARYLAND 1 M 2 F 73 MONTHS DAYS HOURS MIN 237-20-3650 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH VA Hospital Baltimore Baltimore DIRECTOR Baltimorecity RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY

Y.IMITS?

1 YES 2 NO MARYLAND n/a BALTIMORE FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE UNITED STATES STREET MECHEN 521 MC 21217 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WATH OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS t4. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY during most of working CAB DRIVER Elementery/Secondary (0-12) College (1-4 or 5+) LABORER /DRIVER LONGSHOREMAN 17. FATHER'S NAME (First, Middle, Last) t6. MOTHER'S NAME (First, Middle, Malden Surname) BROWN RICHARD ALICE BE 19a. INFORMANT'S NAME (Type/Print) t9b. MAILING ADDRESS (Str. Lavinia MECHEN STREET, BALTIMORE, MD 2 BROWN. LEVINIA 521 MC 20e METHOD OF DISPOSITION
1 A Burlet 2 Cremetton 3 Removet from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20C. LOCATION - City or Town, State

OF ARRAIS ON Place) FOREST V A CEMETERY OWINGS MILL, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Beman the d C. MARCH FH.-1101 E. NORTHAVE as rommon 23. PART i. Enter the diseases, by complications that caused the de-ehock, or heart failure. List only one cause on each line. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Batwean IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) Ventricular fibrillation PIDMIN DUE TO (OR AS A CONSEQUENCE OF) mony years Oronary a. disease
DUE TO (OR AS A GONSEOUENCE OF): CERTIFICATION Sequentially list conditions. if any, leading to Immediate many Peripheral vasc disease
DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING anemia years CAUSE (Diseese or injury that initiated events resulting in death) LAST and eror. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO pleural effusion's COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Che HOSPIJAL OTHER: 1 YES 2 NO t Impatient 2 - ER/Outpetient 3 - DOA

me 5 Residence 8 Other (Specify)

28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY м t YES 2 NO

MA 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)

29a. CERTIFIER (Check only 1 🗆 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIER akhtar, MD Sumecra

29c. LICENSE NUMBER MD hirth

29d. DATE SIGNED (Month, Day, Year) 6 125/94

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sumeera Akhtar, M.D - Univ. of haryland 31. DATE FILED (Month, Day, Year)

6/25/94JUN 29 1994

5 Pending investigation

8 Could not be

determined

27. MANNER OF DEATH

t Natural

2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

BE

9

DIRECTOR: hours after of tem 28 is

TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 h

32. REGISTRADIS SIGNATURE Jalin Davoleon Randall

DHMH-18 Ray 1/89

Ú. ii • .

BALTIMORE, MARYLAND	Dans & may be cataloned by the bong
BALT	Cure offer danch
1	
000	Acres
68760,	avacutad with
OX 68760,	he avecided with
.O. BOX 68760,	certificate he executed with
3, P.O. BOX 68760,	doub certificate he executed with
DS, P.O. BOX 68760,	the death certificate he executed with
RDS, P.O. BOX 68760,	the death certificate he eventued with
ECORDS, P.O. BOX 68760,	since that the death conflicte he executed with

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last) Vames Boxley	Sr			2. DAT MON	0.1	YEAR 94	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 218-12-8072	5. SEX 8. A		FUNDER 1 YEAR IF UNDER 24 HOURS IN	RS. 7. DATI	E OF BIRTH Wh. Day. Year) 77 2 5	-	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give Sinai HOSC	street and number)		Balt			COUNTY OF DE	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY, Ba	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
ERAL C	100. STREET AND NUMBER	Aloo K	d	101. ZIP CODE	15	10g.	CITIZEN OF W	YES 2 NO
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF NI If yes, specify Cuban, M	ISPANIC ORIG laxican, Puarto Specify:	IN? (Specify Yes or No- Pilcan, etc.)	14. RACE Black Specif	- American Indian, White, atc.
PLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEOENT'S US (Give kind of wor life. Do NOT use of May n +cuir	k done during most of working etired.)	J	b. KIND OF BUSINESS	Hung	Resources
E COMPL	17. FATNER'S NAME (First, Middle, Last) Wilhert Baxle	14			A	Middle, Malden Surnam	ne)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Emelda Bax	len	19b. MAILING AI 3509	DORESS (Street and Number or F	Aurel Ploute Nur	mber, City or Town, State	Zip Code)	12121
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF cemelery, cremetory or othe		6/2	TE 20c. LOCATION	City or Ton	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ane	22, NAME AND ADDRESS OF Hareh F.	F FACILITY	lest base	h Su	2
	23. PART I. Entar the diseases, of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Preumonia	Supsis	entsr the mode ot dying,	such ss cs	rdiac or respiratory	srrest,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING	a C Diffic	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					14 days
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition		. A. W. Al	the underlying cause give	n in Part I.	24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		28. PLACE OF DEATI	H (Check only o	one)		
PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26a. OATE OF INJU (Month, Day, Yes	Outpatient 3 DOA 4	OF 26c. INJURY AT WORK?	28d, DI	NOT (Specify) EŞCRIBE HOW INJURY	OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJ building, atc. (URY — At home, farm, stre	M 1 YES 2 NO	28f. LO	CATION (Street and Num y or Town, State)	mber or Rural A	oute Number,
COMPLETE	29a. CERTIFIER (Check only			et the time, data and placa, and				
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		//.	In my opinion, death occured a				(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W		DESTU HER OF THE O	in Mill Circle	40	4 011	6/26/	99
	31. DATE FILED (Month, Day, Year)	32. RIGISTRAD'S S	IONATURE	INCE /VITTE CITO	e On	7-3/VIIIS	,MU o	HIII]
	JUN 2 9 1994	June	The Mandell					

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at name.

	FOR 1 - STATE	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN	E				
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	au Br			F DEATH	REG. NO. 2. DATE OF DEATH MONTH DA	NY YE	AR 3. TIME OF DEATH			
	213-12-6154	□ M 2X F 86	yrs. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 11 22 0	0. 6	BIRTHPLACE (State or Foreign Zountry) aryland			
TOR	St. Elizabeth N		ne		n or Location of Di imore	EATH	9c. COUNTY	OF DEATH A			
DIRECTOR	10a. STATE 10b. COUNTY	7		Y, TOWN OR LO				10d. INSIDE CITY LIMITS?			
	Maryland N/	A		Baltim T	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	3825 Derby Mano	r Drive			21215	5	US	A			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN I FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	ZK NO	If yes,	PECENDENT OF HISPAI specify Cuban, Maxica (ES 2 NO Specif			RACE — American Indian, Black, White, etc. Specify: Black			
日	15. DECEDENT'S EOUCAT (Specify only highest grade con	ION npleted)	16a. DECEDENT'S (Give kind of	work done during	ATION most of working	16b. KIND OF BUS	SINESS/INDUST	RY			
COMPLETED	Elementary/Secondary (0-12) (10th grade	College (1-4 or 5 +)	Wait:			Banque	t and	Catering			
BE CON	17. FATHER'S NAME (First, Middle, Last) Albert Hundley	to mother of theme (rist, micro, militarile)									
10	196. INFORMANT'S NAME (Type/Print) Frederick D. Bailey, Jr. 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21215 3825 Derby Manor Drive Baltimore, Maryland										
	20s. METHOD OF DISPOSITION One Company										
	gary go	rris						more,Md2121			
	23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
-	DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially liet conditions, If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C									
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F):	·						
	PART II. Other algolficent conditions of	contributing to deeth but	t not resulting	in the underly	ring ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL	DEBENERA	DEGENERATIVE DEVICENTIAN PERFORMED? 1 YES 2 NO OF DEATH?									
Σ	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE O		YES NO			1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: OTHER:									
SICIAN	EXAMINER?		1 YES 2 NO 1 Inpettant 2 ER/Outpettent 3 DOA 4 Nursii 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 2 INJURY 1 1 1 1 1 1 1 1 1								
Y PHYSICIAN:	EXAMINER? 1	☐ Inpetient 2 ☐ ER/Outpat	28b. TIN	IE OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	EO			
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	☐ Inpetient 2 ☐ ER/Outpat	28b. Till IN.	ME OF 28c.	INJURY AT WORK? YES 2 NO						
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	□ Inpetient 2 □ ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, etc. (Specif) N: To the best of my knowled	At home, lerm,	E OF JURY M 1 [street, factory, o	INJURY AT WORK? YES 2 NO ffica	281. LOCATION (Street City or Town, State)	and Number or A				

DETYSON AVE

3320

30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NUS ITE

2 9 1994

32. REGISTRAR'S SIGNATURE

6

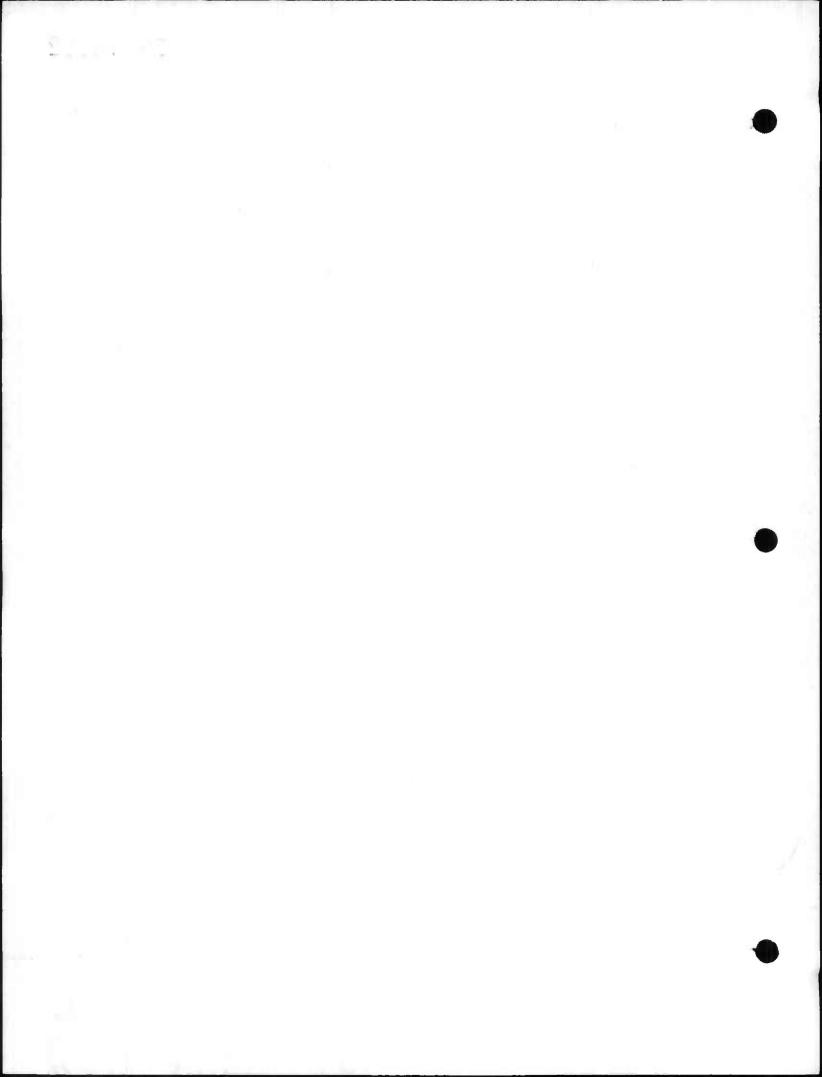
6

31. DATE FILED (Month, Day, Year)

MD

BACT

2



uld be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hosp	filled in by the furnish director, page 5 should be detached	in, or removal,	e medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furners director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The I	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State De	IMPORTANT: If Item 28 is marked, or Item 2

TO BE COMPLETED BY FINERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

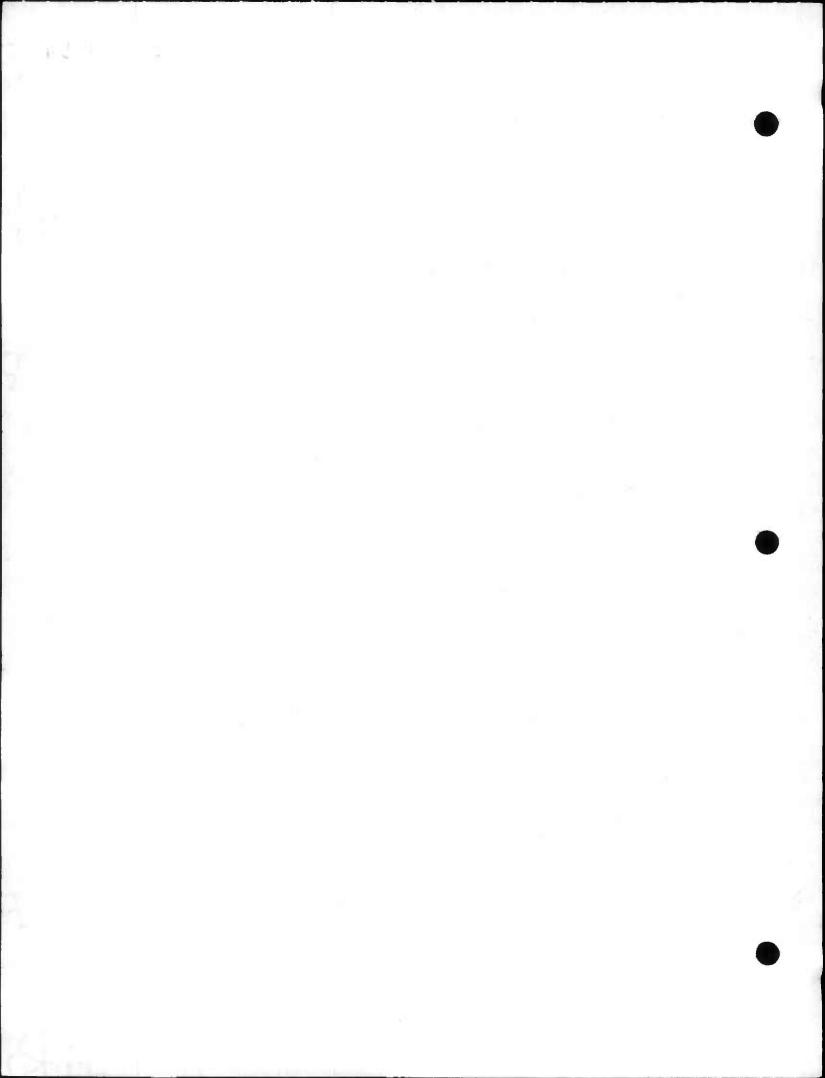
	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH	
	EDWARD BOD	ENSTEINER			JUNE	24 94	6:33P	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	e die	THPLACE (State or Foreign	
	214-18-6261 98. FACILITY NAME (If not institution, give s		/ b YRS.	ONTHS DAYS HOURS MIN.	1 / 29	1918 ~	MD	
	221 NORTH PO		91	BALTIMORE (9c. COUNTY OF	DEATH	
	RESIDENCE OF DECEDENT	KI SIKEEI		DAILITIONE (
1	10a. STATE 10b. COUNT			10d, INSIDE CITY				
5	MD			Baltimore	City		LIMITS?	
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
	221 N. Port St	t.		2122	4	U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify	Yes or No.— 14, RA	ACE — American Indian, ack, White, alc.	
:	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuben, Maxi-			ack, White, etc.	
	3 Wildowed 4 Divorced				,		hite	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S US	UAL OCCUPATION done during most of working	16b. KIND OF	BUSINESS/INDUSTRY	'	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)				
	Unk.	UNk.	Tailo	or	Clot	hing		
	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S N	IAME (First, Middle, Mail	den Surneme)		
	Sabastian Bode	ensteiner		Marga	ret Unl			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rure	I Route Number, City or	Town, Stete, Zip Code)		
	Betty Lee Wise	9	5 Duti	cow Ct. 1-A	Baltimor	re, MD 2	1237	
	20e METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Rem	noval from State	D. PLACE AND DATE OF I	DISPOSITION (Name of		LOCATION — City or		
	4 Donation 5 Other (Specify)		ak Lawn	Cemetery	6/2 8 E	Baltimor	e, MD	
1	21. SIGNATURE OF FUHERAL SERVICE LI	CENSEE	1.0	B. Dabrowski	& Son Fur	eral Home		
	Comand.	To Goess	last	2818 E. Balt:				
٦	23. PART I. Enter the diseases or	complications that cause	16 1/11 2				c, in alaa-	
shock, or heart failure. List only one cause on each line.								
1	shock, or heart fallure.	List only one cause on	o the death. Do not soft lina.		4		Approximate interval Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	soft lina.		4		intarvai Between	
	shock, or heart fallure. IMMEDIATE CAUSE (Final	a. At Auto On As	A CONSEQUENCE OF:	enter the mode of dying, su	4		intarvai Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	a. He fletes as	A CONSEQUENCE OF):		4		intarvai Between	
	immediate cause (Final disease or condition reaulting in death) Sequentially list conditions,	a. He fletter as a Due to (on as a	A CONSEQUENCE OF):		4		intarvai Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. He fletter as a Due to (on as a	A CONSEQUENCE OF):		4		intarvai Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. He fut to (OR AS) b	A CONSEQUENCE OF):		4		intarvai Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. He fut to (OR AS) b	A CONSEQUENCE OF):		4		intarvai Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Hy future to OR AS / DUE TO (OR AS / DUE TO (OR AS /	A CONSEQUENCE OF):	isclustic C	erhirma	la Dise	Interval Between Onset and Death	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Hy future to OR AS / DUE TO (OR AS / DUE TO (OR AS /	A CONSEQUENCE OF):	isclustic C	n Part I. 24a. WAS	la Dise	Interval Between Onset and Death About 2015 About 20	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Hy future to OR AS / DUE TO (OR AS / DUE TO (OR AS /	A CONSEQUENCE OF): A CONSEQUENCE OF):	isclustic C	n Part I. 24a. WAS	La Pase	Interval Between Onset and Death 2.4b. WERE AUTOPSY FINDINGS	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. Hypure To (on AS / DUE TO (A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	inscluste C	n Part I. 24a. WAS PER 1 YES	La Pase	Interval Between Onset and Death AND THE PRIOR TO COMPLETION OF CAUSE	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. Hypure To (on AS / DUE TO (A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	inscluste C	n Part I. 24a. WAS PER 1 YES	La Pase	Interval Between Onset and Death 2.4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Hypure To (on AS / DUE TO (A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF): COUNTY TO THE PROPERTY OF THE PROPER	the underlying cause given in DEATH YES NO. 28. PLACE OF DEATH (6)	n Part I. 24a. WAS PER 1 YES	La Pase	Interval Between Onset and Death 2.4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXES 2 \(\) NO	a. Hyperto (or as / Due to (or	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): CAUSE OF D Detlant 3 □ DOA 4	the underlying cause given in DEATH YES NO 28. PLACE OF DEATH (6) THER: Nursing Homa X X Residence	n Part I. 24a. WAS PER 1 YES Check only one)	La Pase	Interval Between Onset and Death 2.4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXES 2 \(\) NO 27. MANNER OF DEATH	a. Hypute To (or As / Due To (A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	DEATH YES NO 28. PLACE OF DEATH (6) THER: Nursing Homa X X Residence F 28c. INJURY AT WORK?	n Part I. 24a. WAS PER 1 YES Check only one) 8 Other (Specify)	La Pase AN AUTOPSY FORMED? 2	Interval Between Onset and Death AND THE STATE OF THE ST	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXES 2 \(\) NO	a. DUE TO (OR AS / DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the cons	DEATH YES NO 28. PLACE OF DEATH (6) THER: Nursing Homa M XRasidence F	n Part I. 24a. WAS PER 1 YES Check only one) 8 Other (Specify)	La Juste AN AUTOPSY FORMED? 5 2 N NO 2 Clon	Interval Between Onset and Death AND THE STATE OF THE ST	
	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WYSES 2 NO 27. MANNER OF DEATH 1 Nature S Pending Investigation Suicide 8 Could not be	a. DUE TO (OR AS / DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the cons	DEATH YES NO 28. PLACE OF DEATH (6) THER: Nursing Homa M XRasidence F WORK? M 1 YES 2 NO	n Part I. 24a. WAS PER 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO	La Juste AN AUTOPSY FORMED? 5 2 NO Clean W INJURY OCCURED	Interval Between Onset and Death 2.4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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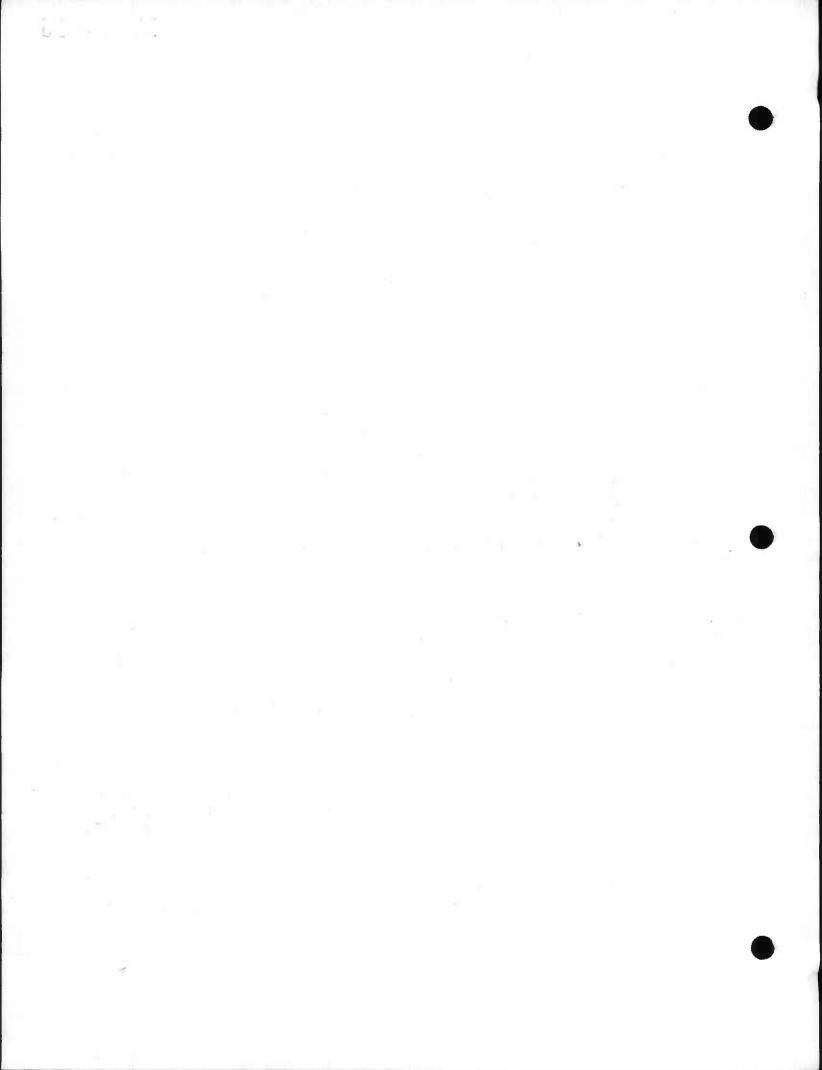
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			ICALE OF DEATH	REG. NO.	
		1. DECEDENT'S NAME (First, MICHOL, Last) JOSEPH BENBOW		2. DATE OF DEATH DAY DAY 22 9	YEAR 8 15 P M
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F F F 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		B. BIRTHPLACE (State or Foreign Country)
Should	1	Se. PACELITY WAME (If not institution, give street and number)	9b. CITY JOWN OR LOCATION OF D	EATH 0 -+ 9c. COUNT	TY OF DEATH
1, 2, 3	DIRECTOR	MESIDENCE OF DECEDING HOSP	BAltimore	e City	4.77
nit. Pages			DAllimore	, /	10d. INSIDE CITY LIMITS? 1 YES 2 NO
in. ransit permit.	FUNERAL	180/Divison Street	101. ZIP CODE 2/2/	7 10g. CITIZ	EN OF WHAT COUNTRY?
5-UUZU nding physician. Is the burlal-transit	ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuber, Maxica 1 YES 2 NO Specif	in, Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc.
Z1Z1	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S (Give kind; of life. Do NOT u	USUAL OCCUPATION work done-during most of working se retires	16b. KIND OF BUSINESS/INDU	ISTRY
the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	ME (First, Middle, Maighin Curriangle)	
इं दें	l ut l	John BenBow	JAI	rie Kobe	Son
be notified		(19a. INFORMANT'S MAME (Type/Print) 19b. MAILING 19c. MAILING 19c. MAILING 19c. MAILING	ADDRESS (Street and Nymber or Rural	Poute Number, City or Town, Steee, Zip (C. Ballimon	e mc. 2/2/3
rector, pa		20a. MFTHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from State 4 Ponetion 6 Other (Specify)	of Disposition (Name of their place)	128 SA	ty or Town, spata
fune fune xam		21. HUNNITURE OF FUNERAL SERVICE LICENSEE	22 NAME AND ADDRESS OF F	SISS FUNETI	Al Home
Sal she u		23. FART I. Enter the diseases, or complications that caused the deeth. Do	not enter the mode of dying, suc	th as cardiec or reepiratory arre	at, Approximate
Do Je		shock, or heart fellure. List only one ceuse on each line.	4		Interval Between Onaet end Death
ted within completely fille ial, cremation, event, the		disease or condition resulting in death)	ma Immune De		
pa lo		& Ocquired	monune De	ticience	
the executation and confiction and confiction and confiction and confiction and confiction are the confiction and confiction and confiction are confiction and confiction are confiction and confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction and confiction are confiction are confiction and confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction are confiction and confiction are confiction a	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	F):		
phys ne p	FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE O	F):		
the state	ERT	resulting in death) LAST			
3 a f g z	CAL C	PART II. Other eignificent conditione contributing to deeth but not resulting	in the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
res that agency by leadth an	151			1 - YES 2 NO	COMPLETION OF CAUSE OF DEATH?
Law requires been so Dept. of Hi	2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES IN NO	_ '	1 TYES 2 NO
4: The law cate has b State Dept.		25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch		
SICIAN: The certificate I the State	YSIC	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Realdence	8 Other (Specify)	
DING PHYSIC After this ce death with t	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month. Day, Vear) 28a. DATE OF INJURY (Month. Day, Vear)	E OF URY M 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	JRED
TTENDI TOR: A after of	TE	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, office	261. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
	APLE	29a. CERTIFIER (Check only one)			
THE HOSPITAL THE FUNERAL filed within 72 t		2 MEDICAL EXAMINER: On the beals of axamination and/or investigate			cause(s) and manner as stated.
TO THE TO THE De filed V		296. SIONATURE AND TITLE OF CERTIFIER BALL Xandu MO	29c. LICENSE NUI	MBER 29d. DATE	SIGNED (Month, Day, Year)
	٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	Print)	st Balt.	1.0.5.
		31. DATE FILED (Month, Day, Year) 32 AREGISTRAR'S SIGNATURE	25 greene	- ST Oalt.	MD 2/201
		31. DATE FILED (Month, Day, Your) 32 REGISTRAR'S SIGNATURE File Davidson-Rends 22			



		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		
		1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH
		LESTER	C.		BARNES	S	JUNE 25	1994	3:27 P
plu		4. SOCIAL SECURITY NUMBER 213 62 9395	1 ☑ M 2 ☐ F	38 YAS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 20, 1	Co	ATHPLACE (State or Foreign unitry) aryland
2, 3 should	TOR	90. FACILITY NAME (If not institution, give str CALVERT MEMORI RESIDENCE OF DECEMENT				CE FRED		9c. COUNTY O	F OEATH VERT
L. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	Arundel	10c. CITY,	TOWN OR LOCAT	rion Pasade	na		10d. INSIDE CITY LIMITS? 1 YES 24 ANO
sit permit.	FUNERAL	100. STREET AND NUMBER 173 Ryan Rd.			101	ZIP CODE	22		States
215-0020 attending physician. ise as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X NO	If yes, sp	ENDENT OF HISPAN	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No— 14. R	ACE — American Indian, lack, White, etc.
or attend	ETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed)	6e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON est of working	16b. KINO OF BU	ISINESS/INOUSTR	
N = 2		12	College (1-4 or 5+)	Mech	anic		Self	-employ	ed / Garage
the hospital detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	2	_			ME (First, Middle, Maider	Surname)	
MARYLA retained by the 5 should be det	BE	Leslie 190. INFORMANT'S NAME (Type/Print)	C.	Barnes		Barbar		Α.	Howard
(I) (I)	2	Leslie and Barbar		173 R	yan Rd.	, Pasade		21122	
e 6 m		20e. METHOD OF DISPOSITION 1 X Burlei 2 Cremetion 3 Remo 4 Danetion 5 Other (Specify)	val from State cemete	LACE AND DATE OF Bry, cremetory of oth Edar Hil	1 Cemet	ery 6/2	8/94 Ba	altimore	
- 9 -		21. SIGNATURE OF PHILERAL SERVICE LICE	Johnson	m	McCu 3204	Mountai	ral Home o n Rd., Pas	sadena,	
tely filled in I mation, or re		23. PART I. Entar the disease, of constant sellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on sac	tha death. Do not the line.		de of dylng, auc	h aa cardisc or rasp	elratory arreat,	Approximata Interval Batweer Onsat and Dast
certificate be executed physician and conjugiene prior to burian other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated avants resulting in death) LAST	DUE TO (OR AS A CO						
in the contract of the contrac	AL CE	PART II. Other significant conditions	contributing to death but	not resulting in	tha underlyln	g causa given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
requires that been signed b	: MEDIC	DID TOBACCO USE C	ONTRIBUTE TO C	ALISE OF	DEATH V	ES I NO	1 TYES	2XX10	OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: The law ficate has State Depr	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpetient 2 ER/Outpeti		28. PL	ACE OF DEATH (Ch	eck only one)		
ATSTON OF VITAL ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b s. after death with the State Dept 1.28 is marked, or item 23	ву РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 6/25/199	26b. TIME INJU 4 2:20	OF 28c. INJ	URY AT DRK? YES 2 XXIO	6 Other (Specify) 26d. DESCRIBE HOW PASSENG WAS F.IF		A JEEP THA
OR ATTENDIN OR ATTENDIN DIRECTOR: At hours after de	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, at PUBLIC			OLE STEEL FRIENDSH		OAD ^{Num} o WEST D
TO THE HOSPITAL OR A TO THE FUNERAL DIRE be filed within 72 hours IMPORTANT: If Item	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my knowled	ige, death occurred	at the time, date , in my opinion, d	end place, and due leath occured at the	A NeNePro(o)AnRini	NoD-Fringed.C	OUNTY
HE HO HE FU ORTA	BEC	296. SIGNATURE AND TITLE OF CERTIFIER	/ .			29c. LICENSE NUI	MBER		IEO (Month, Day, Year)
T DE SE	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	11 (ITEM 27) (Type, I	Print)	O.C.M	.E.	▶ JUN	E 26, 1994
		DONALD WRIGHT M 31. DATE FILED (Month, Day, Year)	32 DECISTRAD'S SIGNATI	HOE		et, Bal	timore,	Maryla	nd 21201
		JUN 2 9 1994	Julia Davidson	~ Handell					



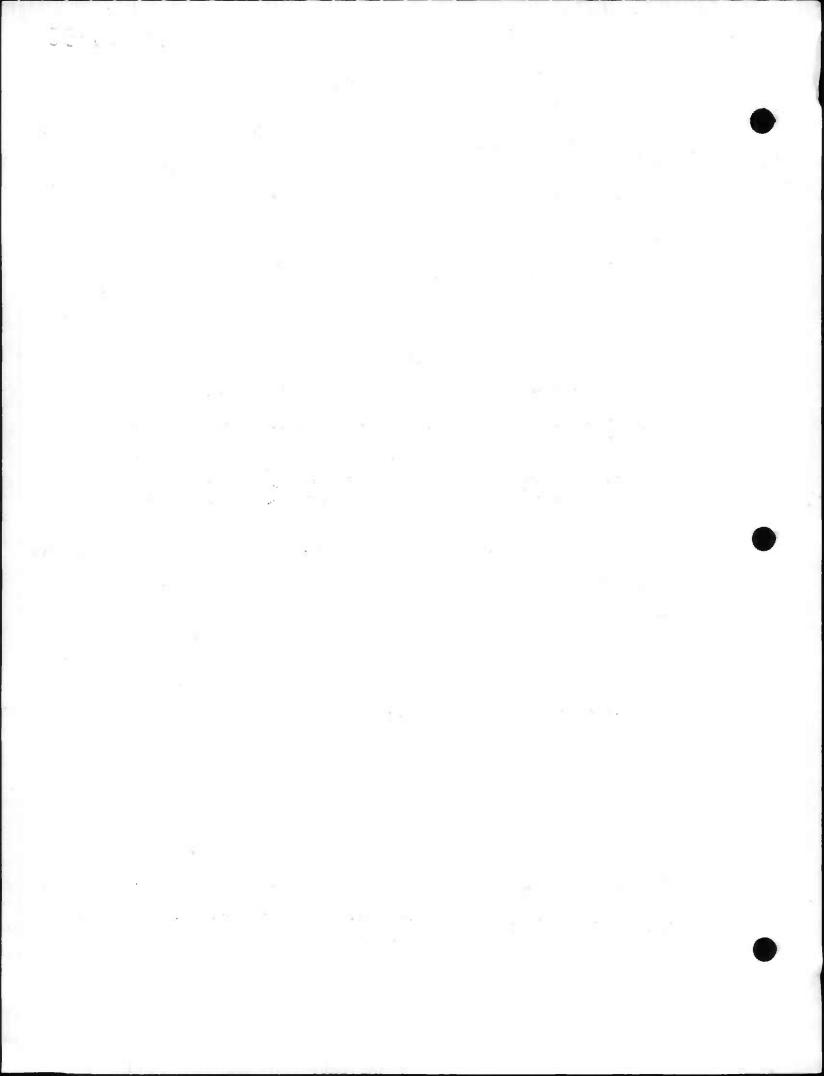
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BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (FI	st, Middle, Last)								2. DATE OF	DEATH			3. TIME O	E DEATN
DORIS	AINE		F	BUI	CE		JUNE	DA	19	94	2:0			
	4. SOCIAL SECURITY NUMBER $214-14-8139$ 5. SE			st birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF (Month, D	BIFITH lay, Year)		_	PLACE (Stary)	te or Foreign
9e. FACILITY NAME (If not institution, give street end number)					9b. CITY,	TOWN C	OR LOCATI	ON OF DE		, 19		NTY OF D	MD EATN	
2625 MAR	2625 MARBOURNE AVENUE				E	BAL'	TIMC	RE						
10e. STATE	10e. STATE 10b. COUNTY			1.7	, TOWN O		TION						10d, INSID	
SC 100. STREET AND NUMBE		urens		<u>C1</u>	into								1 YES	2 NO
114 Pinew		۵				101	1. ZIP COD				10g. CIT		VHAT COUN	TRY?
11. MARITAL STATUS	711	12. WAS DECEDEN	IT EVER IN U.S. AF		13. V	MAS DEC	CENDENT C	F NISPAN	NC ORIGIN? (Specify Yee	or No-	USA 14. RACE	- America	en Indien.
1 Never Married 2 3 Widowed 4 X Di		FORCES? 1		NO	If	yes, sp	ecity Cube 2 X NO	n, Mexica	n, Puerto Rici	in, etc.)		Speci	c, white, atc lly: Whi	
15. DE (Specify o	CEDENT'S EDU	CATION completed)	(G	ECEDENT'S I	mrk done d	CUPATIO	ON ost of working	107	16b, Ki	ND OF BUS	SINESS/IN	DUSTRY	*****	
Elementary/Secondary		College (1-4 or 5	+) #fe	. Do NOT us	e retired.)	anny mo	ou or world	9					_	
17. FATHER'S NAME (First,	Middle, Last)		П	ostes	S		ta MOTI	HED'C NA	ME (First, Mid	sbyt		n_Co	lege	
David Nel		ller							May M					
190. INFORMANT'S NAME			19	b. MAILING	ADDRESS	(Street a			Route Number,			p Code)		
George M.			2	625 M	arbo	urn	e Ave	e., [Baltim	ore.	MD	2123	30	
20e. METNOD OF DISPOS 1 X Burlel 2 Cremer	ion 3 🗆 Reme	oval from State	cemetery, cre	emetory or oti	her place)				DATE		CATION —			-
4 Donation 5 Oth		MARKO - VI	ROS	emónt			ND ADDRE	SS OF FA			intor	ı,_SC		
III an electricity of Editics	en "	Williams		-	Mc	Cu1	ly Fι	inera	al Hom	e of	Broo	klyr	1	
1 >		Williame							B				D 0	
Ste 23. PART I. Enter the	diseases, or o heart fellure. Inel	complications the List only one cau	et ceused the de use on each line	в.	ot enter	the mo	ode of dy	ing, auci	h aa cardise		ratory sr	reat,	App Inter	1225 roximate rval Betwee et and Deat
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TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygine prior to removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be marked as once.

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEATH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGI				
1	1. DECEDENT'S NAME (First, Middle, Lest)	BEVANS			2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2717-17-1692	5. SEX 6. AGE (In you hast birmday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	5 25	BIRTHPLACE (State or Foreign		
ec	9e. FACILITY NAME (If not institution, give stre	et and number)	96. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY	or organ		
DIRECTOR	RESIDENCE OF SECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. C								
	10e, STREET AND NUMBER		BAITIN	10RE			10d. INSIDE CITY LIMITE? 1 VES 2 NO		
FUNERAL	4406 VESTA	AVE	101.	2120	7	16g. CITIZE	N OF WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECE If yes, spe 1 - YES	city Cuben, Mexico	NC ORIGINT (Specify on, Puerto Rican, etc.)	Yes or No — 14	Black, White, etc.		
	15. DECEDENT'S EDUCA (Specify only highest grade or		S USUAL OCCUPATIO HOR done during mos		16b, KIND OF	BUSINESS/HOUS	BLACK		
COMPLETED	Elementary Secondary (0-12)	College (1-4 or 5+) HOUS	EWIFE						
	17. FATHER'S NAMÉ (First, Mildelle, Last)	STALL		18. MCGHIGHTS NA	EALLE	den Sumane) E			
TO BE	198. HIFORMANT'S NAME (Typo/Privi)	EI/AA/G HH	ADDRESS (Stool of	yl Number or Ferri	Range Number City or	Rown, State, Zip Co	9 21207		
20	20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remov	ral from State 20b. PLACE AND DATE committee og d	OF DISPOSITION (Nat	ne of A	DATE 20c.	LOGATION CIE	y or Yown, State		
	4 Donation 5 Office (Specify)	ses / KDU	22 Manual 12	ABORESTAN	ADI FU	HRIDU II. INSTRA /	AME IA		
	23: PART Enter the diseases, or co	mplications that caused the death. Do	270	FRED	HITTON	1959	W7.100.21229		
	hock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	st only one cause on each lina.		O	m as cardiac or re	apiratory arres	Approximate interval Between Onset and Death		
	resulting in death) a.	DUE TO (OR AS A CONSEDUENCE O	AN CR	~			18 WOZ		
NOIT	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEDUENCE O	OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE O	DF):						
CERT	resulting in death) LAST d.								
SICAL	PART II. Other significant conditions	contributing to death but not resulting	In the undarlying	cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
: ME					_ _		OF DEATH?		
ICIAN		HOSPITAL:	OTHER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 DOA	JURY WOF	IRY AT	6 Other (Specify) 28d. OESCRIBE HO	W INJURY OCCUP	RED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — Al home, ferm, building, stc. (Specify)		ES 2 NO	28f. LOCATION (Street, City or Town, St	set end Number or	Rural Route Number,		
COMPLETED	4 Homicide determined 29e. CERTIFIER CERTIFYING PHYSICI.	AN: To the best of my knowledge, death occurr	red at the time date	and place, and dive					
COMF	one) 2 MEDICAL EXAMINER:	On the basic of examination end/or investigation					sause(e) and manner as stated.		
TO BE	396. SIGNATURE AND TITLE OF CENTIFIER	(MO.		D35	606	29d. DATE S	IGNÉD (Month, Dify, Year)		
	Samuel Zyak	COMPLETED CAUSE OF DEATH (ITEM 27) (Type	s. Print) Sroads	2000	4150	Wines	Mills MJ		
	JUN 2 9 1994	32. REGISTRAR'S SIGNATURE Julia Davidson And	AR.	7.101	710	(17)	1.17.17		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the least in the death certificate be executed with the form. The theory is should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, PER MEO FILM G-713 7/15/94 t.t

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E	
	DECEDENT'S NAME (First, Middle, Lest) JOSEPH	V.	·	BIZON		2. DATE OF DEATH MONTH DM JUNE 28		3. TIME OF DEATH 6:38 A M
	001 01 1		(In yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 2, 19	8, BIRT Coun	HPLACE (State or Foreign
OR	99. FACILITY NAME (If not institution, give street 407 S. CALHOUN	end number) STREET			OR LOCATION OF DE	ATH	9c. COUNTY OF	
5	RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY							
DIRECTOR	Maryland	-		ltimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	407 S. Calhoun St	reet		10f	21223		10g. CITIZEN OF	WHAT COUNTRY?
B≺	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IF FORCES? 1 A YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAN scify Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	Blac	E — American Indian, ck, White, etc. ch;
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON (pleted)	18e. DECEDENT'S	ork done during mo.	ON sl of working	16b. KIND OF BUS	INESS/INDUSTRY	
MPLE	10	ollege (1-4 or 5+)	Labor	·		Constr		
BE CO	17. FATHER'S NAME (First, Middle, Last) Joseph	Bizon				ME (First, Middle, Maiden rine Kory		
10 8	19e. INFORMANT'S NAME (Type/Print) Marie Bizon		196. MAILING	ADDRESS (Street • Chester	ond Number or Rural I	Route Number, City or Town	n, State, Zip Code)	231
	20g, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State Cal	D. PLACE AND DATEO	F DISPOSITION (Na	me of	DATE 20c. LO	CATION — City or 1	fown, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	er & Sons	(,0)	22. NAME AN	D ADDRESS OF FA		s Inc.	231
TION	23. PART i. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	NARCOTISM DUE TO (OR AS	A CONSEQUENCE OF):				Approximeta Intarval Between Onset and Daath
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	DUE TO (OR AS	A CONSEQUENCE OF):				
MEDICAL (PART II. Other algolficant conditions of	ontributing to death i	but not resulting l	n the underlying	g ceuse given in	Part i. 24a, WAS AN PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF		ES NO			
SIC		OSPITAL; □ Inpatient 2 □ ER/Out	petient 3 DOA	OTHER: 4 - Nursing Hom	e 5XTXResidence	6 Other (Specify)		
	27. MANNER OF DEATH XXX Natural 5 Penuing	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY WO	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, st			281. LOCATION (Street e City or Town, State)	and Number or Rural	Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	Y: To the best of my know In the basis of examination						(s) end menner ee stated.
O BE C	SHA SHANATURE AND TITLE OFFICERTIFIER	hele			O.C.N			28, 1994
Ĕ	1 / 4 / 5 /	ORGUL WA			et, Ba	ltimore.	Marvla	nd 21201
	JUN 2 9 1994	32 REGISTRAR'S SIGN	ATURE				-	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been sligned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	HEGISTHAH		CERTIF	ICATE O	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) EDITH MARIE	BROWN				JUNE 26,	1994	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEA	R F UNDER 24 HRS.	7. DATE OF BIRTH	1004		ACE (State or Foreign
	213-30-1309	1 □ M 2 🔀 F	58 YRS.	MONTHS DAY	HOURS MIN.	(Morth, Day, Year) 03-28-36	5	Country)	LAND
~	9a. FACILITY NAME (If not institution, give st			N OR LOCATION OF DE	ATH	9c. COUN	ITY OF OEAT	тн	
DIRECTOR	THE JOHNS HOPKINS			ORE CITY			NC	ONE	
E E	MARYLAND 106. COUNTY	NONE	1.00	Y, TOWN OR LO	MORE CIT	V			od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			DALLI	101, ZIP CODE	1	40 - 0171		YES 2 NO
FUNERAL	1707 E. 25th	Street			21218				STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 ANO	It yes,	BECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify		or No—	14. RACE — Black, V	American Indian, White, atc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION Completed)	18a. DECEDENT'S	USUAL OCCUP		16b. KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)		97.00			
Ř	8th nor	ne	NURSIN	G ASS.		CITY		STTA	<u> </u>
BE CC	RAYMOND BROW	٧N			2 - 111 - 5.30 /110	ME (First, Middle, Maiden HERIN E		RRY	
6 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip	Code)	
	MARTIN B. BRO					ALTO,MD.		231	
	20a, METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State cen	D. PLACE AND DATE	OF DISPOSITION	(Name of 6/3	30 / 954 20c. LO ARDENS BA	CATION —	Olty or Town	, Stata
	21. SIGNATURE OF FUHERIAL SERVICE LIC	EASEE)	DLANEI	22. NAME	AND ADDRESS OF FA	CILITY			
	+ Caliumit	S Acris	was. M			CRUGGS FU			
	23. PART I. Enter the diseases, or c	omplicatione that cause	the death. Do r	not enter the	node of dying, suc	STON STRI	ratory arm	<u>3ALTC</u> est,	Approximate
	ahock, or heart fallure. I IMMEDIATE CAUSE (Fins)	Liat Dnly Dne cause Dn e	ach line.	1.1.					Interval Between Onset and Death
	disease or condition resulting in death)	(20/W)	MAN J	11/10/15	M				12 hours
		DUE TO (OR AS	CONSEQUENCE O	F):					
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
CAT	cause. Enter UNDERLYING								İ
Ĕ	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CERTIFICATION	resulting in death) LAST								
IL C	PART II. Other aignificant conditions	contributing to death b	out not reaulting	in the underly	ing cause given in	Part i. 24s. WAS AN			ERE AUTOPSY FINDINGS
EDICAL						PEREOF		C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME						_ / _		1	YES 2 NO
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH	YES NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)			
4¥S	1 TYES 2 THO 27. MANNER OF DEATH	1 ☑ Inpatiant 2 ☐ ER/Out	patient 3 DOA 28b, TIM		ome 5 Raeldence				
	1 Netural 5 Pending	(Month, Day, Year)		URY	WORK?	28d. DEŞCRIBE HOW I	NJUHY OCC	UREO	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, tarm,			281. LOCATION (Street I	and Number	or Rural Rou	te Number,
TED	4 Homicide determined	building, atc. (Spec	city)			City or Town, State)			
COMPLET		CIAN: To the best of my know							nd manner ea stated.
U U	296. SIGNATURE AND TITLE OF CERTIFIER	14	-0		29c. LICENSE NUM				Ionth, Day, Year)
0	ynyl	no The	al.	\circ	D45	746	D 6	126	194
인	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	c Hack	ine the	انم	0	NINCO
	31. DATE FILED (Porth, Day, Year) 1994	32. REGISTRAN'S SIGN	ATURE	ZVVV	1 HONC	יטאן כועט.	7711	1	040481
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N.	Spor	3
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_	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, ti
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COMPLETED

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2

2 Accident

3 🔲 Suicide

4 Homicide

8 Could not be

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1994

29b. SIGNATURE AND TITLE OF CERTIFIER

JUN 29

31. DATE FILED (Month, Day, Year)

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Willian BIVE (WILLIAM BIRD) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, You HOURS 213-09-4225 78 tyEkM 2 ☐ F Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BAYVIEW MEDICAL CENTER DIRECTOR BALTIMORE CITY Pages 1, 2, RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION MARYLAND NONE BALTIMORE CITY permit. FUNERAL 101 ZIP CODE 1314 HOMESTEAD STREET 21218 use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3℃ Widowed 4 □ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Š Elementary/Secondary (0-12) College (1-4 or 5+) LONGSHOREMAN 6th grade detached none 17. FATHER'S NAME (First, Middle, Lest) retained by the UNKNOWN UNKNOWN 2 BE funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 2 VIRGINIA ROBINSON 3316 FIELDVIEW ROAD, 90 20e-METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of ry or other place)
RIDGE CEMETERY must 4 Donation 5 Other (Specify)
21, SIGNATURE OF FUNERAL SERVICE E OF FUNERAL SERVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY executed within amounts after death.

n and completely filled in by the funera
to bunial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory screet, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel 中 Ulmor resulting in death) event. traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A COM EQUENCE OF if any, leading to immediate attending physician ntal Hygiene prior to 9 cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 5 the atten Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Health and Hx Siamoid Volvulus ашу L. of Dolme BKT PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State Cirked, or Item EXAMINER?

1 YES 2 NO OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? marked, 1 Natural 5 Pending

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

94	19	0	0	0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO 3. TIME OF DEATH B. BIRTHPLACE (State or Foreign Country) 03-03-16 SOUTH CAROLINA 9c. COUNTY OF DEATH NONE 10d. INSIDE CITY 14 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE — American Indian, Black, White, etc. AFRICAN AMERICAN 16b. KIND OF BUSINESS/INDUSTR STEAMSHIP TRADERS 18. MOTHER'S NAME (First, Middle, Maiden Surname) BALTO, MD. 21207 20c. LOCATION - City or Town, State BALTO. MD. CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. Approximata Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 26 6/